

44TH ANNUAL SCIENTIFIC MEETING

WOMEN'S HEALTH, LIVES & RIGHTS

2-4 AUGUST 2018 • SYDNEY AUSTRALIA



HANDBOOK & ABSTRACTS

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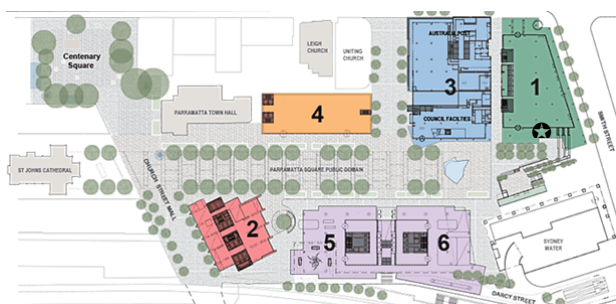
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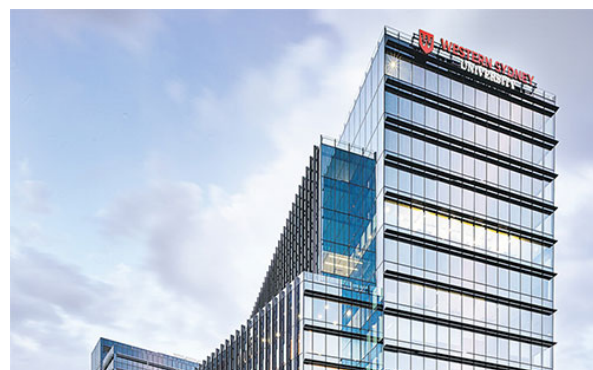


1 – Western Sydney University, Parramatta,
entrance off Parramatta Square 📍

VENUE INFORMATION

Western Sydney University

169 Macquarie Street, Parramatta
Level 9, ground floor reception will provide lift access.
[Map of campus](#)



Main entrance faces the Parramatta Square precinct.

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CONFERENCE SECRETARIAT

For further information please contact:

Lesley Woods

PO Box 764 Mitcham SA 5062 Australia
32 The Strand Colonel Light Gardens SA
5041 Australia
m: +61 (0) 418 870 057
e: lesley@themeetingpeople.com.au
w: <http://www.themeetingpeople.com.au>



ANNUAL GENERAL MEETING

ASPOG invites all members to attend the Annual General Meeting. The meeting will be held at 1250 on Friday 3rd August 2018 in Conference 2-1.9.16 and will conclude at 1330.

Please help yourself to lunch at the Buffet before going to the meeting.

SOCIAL PROGRAM

Welcome Reception with wine and food

Friday 3rd August, 1800-2000

Venue: Peter Shergold Building, Western Sydney

University, Cnr Macquarie/Smith, Level 9

Included in full registration fee, \$65 per person (day delegates and accompanying persons)

DEREK LLEWELLYN-JONES ORATION

Friday 3rd August 1715-1800

The relationship with an intimate partner: enabler or barrier to reproductive health

Prof Jane Fisher, BSc (Hons), PhD, MAPS
Professor of Global Public Health
Head, Division of Social Sciences, Monash University
President Marcé Society for Perinatal Mental Health

CPD

RANZCOG CPD POINTS - RANZCOG Approved O&G Meeting and eligible Fellows of this College can claim points. CPD Online Program (Clinical Expertise Domain):

- Full Attendance - 15 PD points
- Attendance: Day 1- 3.5 PD points
- Attendance: Day 2 - 6.5 PD points
- Attendance: Day 3 - 5 PD points

ACRRM - ACRRM ID: 13495, 15 Core PDP

RACP - Fellows of the RACP who find the content relevant to their scope of practice are eligible to claim it in MyCPD

RACGP – This activity has not been allocated QI&CPD points. RACGP acknowledges the personal learning value of various activities. GP's are therefore welcome to self-record this activity using the QI&CPD online services.

REGISTRATION DESK

The Registration Desk will be located in Level 9, WSU Building, cnr Macquarie and Smith and will be open at the following times during the conference:

Thu 2 nd Aug	– Menopause Update/ – ASPOG	0800-1230 1230-1700
Fri 3 rd Aug	– ASPOG Conference	0800-1700
Sat 4 th Aug	– ASPOG Conference	0800-1600

PRESENTERS

Please bring your PowerPoint presentation (16:9) with you on a memory stick to be loaded onto the conference laptop. All PowerPoint presentations will need to be pre-loaded in a refreshment break at least one session before you are due to present.

GENERAL INFORMATION

Airport Transfers

Sydney Airport is approximately 40mins from Parramatta. There are many options to get there- train, airport shuttle, hire care or taxi (\$72-\$100 one way).

Jayride - compare prices for airport transfers:
<https://www.jayride.com>

Parking

There is no onsite parking at Western Sydney University Parramatta for delegates, please refer to this [link](#) for options including public transport.

Certificates of Attendance

Certificates of attendance will be emailed out at the conclusion of the conference.

Convenience Store

NSW Convenience Store 119 Macquarie St (02) 9633 3489, or 21 Darcy St

Westfield Parramatta Shopping Mall
159-175 Church St [Information & Open hours](#)

Name Badges

Admission to all sessions is by the official meeting name badge. Please wear it at all times throughout the conference.

Weather

Average temperatures 22oC during the day and overnight of 9oC

Dietary Requirements

If you have dietary requirements and have indicated this on your registration form, they have been passed onto the caterers. Please make yourself known to their staff to ensure you have the correct meal.

Insurance - Personal

Registration fees do not include insurance of any kind. It is strongly recommended that all delegates take out their own travel and medical insurance prior to coming to the Conference. The Organising Committee and the Secretariat will not take any responsibility for any participant failing to insure. Please seek further information from your travel agent or airline.

Liability

In case of industrial disruption or other external events causing disruption to the Conference, the Organising Committee of the ASPOG 20178 ASM accepts no responsibility for loss of monies incurred by delegates.

Privacy

Personal information, as defined under the national privacy legislation, The Privacy Amendment (Private Sector) Act 2001, will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles.

Visitor Information

Parramatta Visitor Information, visit the website:
<https://www.discoverparramatta.com/visitor-information>

Self guided city walks – have a look at this APP:
<https://www.gpsmycity.com/gps-tour-guides/sydney-1950.html>

Disclaimer

At the time of printing, all information contained in this handbook is correct; however, the organising committee its sponsors and its agents cannot be held responsible for any changes to the final structure or content of the program, or any other general or specific information published.

ASPOG 44th ANNUAL SCIENTIFIC MEETING, 2018 - Program

Thursday 2nd August

1330-1500 Session 1 - Sexual Health

Chair: Jane Ussher, ASPOG President

- 1330-1350 *A/Prof Melissa Kang* (UTS)
Young people sexual health and health system navigation in the digital age
- 1350-1410 *Dr Jennifer Marino and Prof Rachel Skinner*
Risk-taking and sexual behaviour in Australian adolescents: a research update
- 1410-1430 *A/Prof Catherine Hawke* (USyd)
Can we achieve equity in sexual health for rural Australian young people?
- 1430-1450 *Prof Meredith Temple-Smith* (UMelb)
Facilitating sexual health discussions in primary care with older Australians

1500-1520 AFTERNOON TEA

1520-1700 Session 2

Chair: Janette Perz

The sexual and reproductive body: prevention, screening and management

- 1520-1540 *Dr Mary Stewart* (FPNSW) - The acceptability of the menstrual cup by Australian women
- 1540-1600 *Prof Rachel Skinner* (USyd; Westmead)
Australia's national HPV vaccination program- 10 years on- successes, threats and promises
- 1600-1620 *Cristyn Davies* (Westmead) - Adolescent and parent knowledge about males and HPV vaccination
- 1620-1640 *Dr Kate McBride* (WSU) - Obesity and participation in regular mammographic breast screening

FROM 1700 DRINKS AND DINNER IN PARRAMATTA

Friday 3rd August

0900-1030 Session 3 - Risks during pregnancy and childbirth

Chair: Jane Ussher

- 0900-0920 *Prof Annemarie Hennessy* (WSU) - Recent advances in our understanding of preeclampsia
- 0920-0940 *Prof David Simmons* (WSU) - Perspectives on Hyperglycaemia in pregnancy
- 0940-1000 *Maddy Simpson and Prof Hannah Dahlen* (WSU)
Postnatal post-traumatic stress: An integrative review
- 1000-1020 *Prof Caroline Smith* (WSU) - Effect of acupuncture on live births among women undergoing in vitro fertilization: findings from a randomised clinical trial

1030-1050 Morning tea

1050-1240 Session 4 - Contraception and abortion

Chair: Michelle Peate

- 1050-1110 *Julie Hamblin*, (HWL Ebsworth law firm) - The unfinished business of abortion law reform in Australia
- 1110-1130 *Dr Deborah Bateson*, (FPNSW) - Enhancing medical termination of pregnancy in general practice in Australia: insights from a qualitative study of GPs in NSW
- 1130-1150 *A/Prof Kirsten Black* (USyd)
Sustainable Development Goals and sexual and reproductive health in the Asia Pacific
- 1150-1210 *Prof Juliet Richters* (UNSW) - Women's and doctors' understandings of contraception: room for miscommunication in the consultation
- 1210-1230 *Dr Alana Hulme Chambers* (UMelb)
Medical termination of pregnancy (MToP) in the Victorian rural context

1240-1330 LUNCH AND AGM

1330-1500 Session 5 - Navigating Infertility

Chair: Marita Long

- 1330-1350 *Prof Virginia Schmied* (WSU) Antenatal psychosocial risk and women's use of services in the year after birth
- 1350-1410 *Prof Jane Ussher and Professor Janette Perz* (WSU) Gendered experiences of infertility distress and biographical disruption following cancer
- 1410-1430 *Dr Antoinette Anazodo* (Prince of Wales) How can we Improve Oncofertility Care for Patients?
- 1340-1450 *Dr Michelle Peate and Dr Jennifer Marino* (UMelb: Royal Women's) Priorities and unmet needs of women living with ovarian cancer after first-line treatment

Friday 3rd August cont...

1500-1520 AFTERNOON TEA

1520-1700 Session 6 - Free Papers (10 min presentations)

CONCURRENT A

Chair: Mariana S Souza

'What's Going On Down There?' – Developing a website to raise awareness of bacterial vaginosis among women
Jade Bilardi

Exploring benefits and harms of a PCOS diagnosis and its impact on women's psychosocial wellbeing, lifestyle and behaviour
Tessa Copp

Online psychoeducational program for women with genital appearance concerns
Gemma Sharp

Improving Women's And Health Professionals' Satisfaction With Clinical Care For Endometriosis
Heather Rowe

The role of the psychologist in the multi-disciplinary management of chronic pelvic pain
Leena St Martin

To have or have not a vagina, that is the question
Prue Fisher

EndoNeeds: Exploring the physical, psychological and social needs of women with endometriosis
Emma Steele

CONCURRENT B

Chair: Paddy Moore

HPV primary screening: views from screening aged women in Australia
Rachael Dodd

Paternal Understanding of Menstrual Concerns in Young Women
Jennifer Marino

The health and well-being of women affected by Female Genital Mutilation
Marie Jones

Counselling "Late women": the experience of stigma, identity and struggle in women seeking abortion in the eighteen to twenty four week gestation period
Trish Hayes

Female Genital Mutilation/Cutting: Australian Medical Students' Knowledge & Awareness
Nakul Chaudry

My Body, My Decision": Women's Experiences of Reproductive Coercion and their Expectations of Health Professionals
Sonia Srinivasan

Young women and LARC: Exploring factors influencing contraceptive choice
Lily Claringbold

1715-1800 Drinks and **Derek Llewelyn-Jones Oration**, *Prof Jane Fisher*

1800-2000 WELCOME RECEPTION

Saturday 4th August

0900-1100 Session 7 - Women at Risk

Chair: Jennifer Marino

The impact of interpersonal violence on women's sexual and reproductive health

0900-0920 *Molly Wellington, Dr Laura Tarzia and Dr Jennifer Marino* (Royal Women's)
"Reproductive coercion: Understandings and perceptions of health professionals"

0920-0940 *Prof Hannah Dahlen* (WSU) - The relationship between Intimate Partner Violence reported at the first antenatal booking visit and obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: A population based study over 10 years

Working with marginalised populations

0940-1000 *Rosie Charter* (WSU) - The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia

1000-1020 *Prof Kerry Robinson* (WSU)
Transgender young people: gender identity and reproductive and sexual health

1020-1040 *Alexandra Hawkey* (WSU) - "In our culture, we don't have that sort of choice": Migrant and Refugee Women's Experiences and Constructions of Fertility and Fertility Control

1040-1100 *Dr Chloe Parton* (WSU)
Mothers' experiences of wellbeing and coping while living with rheumatoid arthritis

1100-1120 MORNING TEA

Saturday 4th August cont...

1120-1245 Session 8 - Free Papers - (10 min presentations)

CONCURRENT C

Chair: Jade Bilardi

The risk of prenatal antidepressant exposure by drug class on ADHD and ASD in offspring: a meta-analysis
Emily Hartman

The nature of labour pain: An updated review of the literature
Laura Whitburn

Fathers of preterm babies report higher levels of anxiety and lower quality of life scores: Findings from the Australian Fathers Study
Ingrid Petersen

There was no one there to acknowledge that it happened to me as well... one day I saw myself as a dad, the other day I was not a dad anymore": Australian men's experiences of miscarriage
Ellena Miller

Early Parenting Stress and Isolation in Professional Working Mothers: The Implications of Policy on Structural and Emotional Support for Psychological Wellbeing
Tiffany De Sousa Machado

Understanding the Psychodynamics of the Replacement Baby: a Case Study
James Hundertmark

CONCURRENT D

Chair: Janette Perz

Informing on improved fertility psychological care for cancer patients: A systematic review of fertility-related psychological distress and reproductive concerns in cancer patients and proposed psychological intervention
Shanna Logan

Reasons for Opposition to Australian Cervical Screening Program Changes as Expressed in an Online Petition
Helena Obermair

Undergoing multiple rounds of in vitro fertilisation (IVF): A qualitative interview study of women and couples' experiences
Darija Kvesic

Antidepressant use in pregnancy: A survey of Victorian General Practitioner's practices and perspectives
Rossouw van der Wait

Ectopic Pregnancy and the Psychosocial Supports for Early Pregnancy Loss
Megan Foo

Family violence crisis hotline staff experiences of responding to sexual and gender minority clients and suggestions for service improvement
Georgina Clarke

1245-1330 LUNCH

1330-1500 Session 9 - Sexual and gynaecological pain

Chair: Wendy Vanselow

1330-1350 *Dr Tania Day* (John Hunter)

Chronic vulvovaginal pain has a broad differential diagnosis, and is often multifactorial

1350-1410 *Jane Chalmers* (WSU) - Clinical assessment of the impact of pelvic pain on women

1410-1430 *A/Prof Gayle Fischer* (USyd) - Vulval skin disease

1430-1450 *Dr Mike Armour* (WSU) - The use of non-pharmacological self-care in Australian women with endometriosis

1450-1500 *Dr Sally Sweeney* (FPNSW) - A pilot study to identify microbial and immune biomarkers for improved diagnosis of pelvic inflammatory disease

1500-1530 **Presentation prizes, closing round up, *Professor Jane Ussher***

ASPOG 2019 - more details www.aspog.org.au coming soon

ABSTRACTS – THURSDAY

SESSION 1 – SEXUAL HEALTH

Young people sexual health and health system navigation in the digital age

Melissa Kang

Australian Centre for Public and Population Health Research, UTS

In a world where the current generation of young people are digital natives, young people are both creators and recipients of information and messages about sexuality, sex and sexual and reproductive health. We also know that sexual health and wellbeing among young people are shaped by the culture and environment around them. Despite the ubiquity of online information and health advice, young people most value contact with real health providers when they identify that they need help. They also trust health providers to advise them about sexual and reproductive health care. This presentation will discuss some of the major findings from the Access 3 study, led by Melissa Kang, which explored health system navigation in the digital age for marginalised young people. It also identified challenges and barriers across the health system from young people's and health professionals' perspectives. The presentation will also include Melissa's perspectives based on her 25 year history as a clinician working with marginalised young women and the structural and societal barriers to receiving optimal sexual and reproductive health care.

Risk-taking and sexual behaviour in Australian adolescents: a research update

Jennifer L. Marino and S. Rachel Skinner

*1. Department of Obstetrics and Gynaecology, Royal Women's Hospital and University of Melbourne, Parkville, Australia
2. Discipline of Child and Adolescent Health, Sydney University, Faculty of Medicine and Health, Children's Hospital Westmead, Sydney, Australia*

Risk-taking behaviour is part of normal adolescent development, but is also a major contributor to morbidity and mortality in this age group. Similarly, the onset of sexual activity is a normal stage in the transition to young adulthood, but early onset, sexual activity with multiple partners, and unprotected sex increase risk of a range of adverse outcomes; such behaviours may co-occur in individuals, potentially further increasing risk. We will review what is known about risky sexual behaviour in Australian adolescents, and the data gaps. We will examine, and place into the global context, trends over time, high-risk populations, predictors of risky sexual behaviour, associations with other health risk behaviours, and short- and long-term outcomes. We will also present evidence for prevention and intervention programmes.

Ethics statement: I declare that this work complies with the Australian National Statement on Ethical Conduct in Human Research.

Can we achieve equity in sexual health for rural Australian young people?

Catherine Hawke

School of Medicine, University of Sydney

One third of the population of Australia lives in regional, rural and remote areas. Disparities in health between rural and metropolitan areas appear entrenched. The reasons for these inequities are multifaceted and include poorer social determinants of health, poorer health behaviours, as well as difficulties accessing services. For young people living in rural and remote areas, limited access to education, employment and recreational activities may contribute to higher rates of risk-taking behaviours. While rural Australia is diverse, many services and communities are challenged by distance and disadvantage. Social risk factors differ between these communities and are often poorly understood by policy makers and service providers.

This presentation explores the cultural and social determinants of inequalities in the sexual health of young people living in rural and regional Australia and draws on recent research studies with rural young people, and in the Central West of NSW. The determinants of sexual health are invariably complex, but the identification of those young people who are the most vulnerable is vital. Equally important is to review approaches that have been used successfully to address equity in rural young people. This presentation will provide a population health perspective, highlighting the need to work collaboratively and in partnerships to allow rural young people to benefit from better sexual health and improved social, economic and personal outcomes.

Facilitating sexual health discussions in primary care with older Australians

Meredith Temple-Smith

Department of General Practice, University of Melbourne

While sexual health and well-being enhance physical and mental health as we age, they are rarely discussed between doctors (GPs) and older patients. Our earlier SHAPE [Sexual Health & Ageing, Perspectives and Education] research identified that most GPs believed it was appropriate to discuss sexual health with patients, but they did not routinely do so with older adults unless sexual health was relevant to the presenting complaint. GPs saw the complex management of older patients' co-morbidities as a barrier to sexual health discussion, alongside embarrassment resulting from GP/patient discordant gender and/or age. Some practice nurses successfully initiated sexual health discussions in the context of Well Women's checks, 75+ health assessments, and chronic disease management plans.

Our research also confirmed that many older patients felt unable to initiate discussions with GPs because of judgement or privacy fears or because they were unable to articulate their needs. Others felt actively discouraged by GPs from doing so, because of the GP's own embarrassment or ageist assumptions about older patients. Patients favoured a checklist approach to initiate discussions, in a paper-based or digital/online format to be used in the waiting room and which would provide GPs with a starting point for discussion. Follow-up telephone interviews indicated older patients preferred the content of the checklist to include broad lay language statements which reflected issues of concern to them.

Our current study has focussed on the development of an interactive resource which contains a sexual health discussion checklist for older adults attending general practice. This paper will report on our next steps to explore the feasibility, acceptability and usability of the checklist in general practice.

SESSION 2 - THE SEXUAL AND REPRODUCTIVE BODY: PREVENTION, SCREENING AND MANAGEMENT

The acceptability of the menstrual cup by Australian women

Mary Stewart

Family Planning New South Wales

Background and objectives: The menstrual cup is an alternative to other forms of menstrual protection. This study investigated the acceptability of the menstrual cup for Australian women.

Method: Women were recruited through convenience sampling. After telephone screening women were emailed a diary to complete using their usual menstrual protection for 3 months. They were then asked to complete a survey. The women attended a site visit and were given a menstrual cup and advised on its use. They kept a diary for a further 3 months and completed another survey.

Results: Of the 40 women who had the cup dispensed and completed the survey at that time, 33 women completed the final survey. Seventy-nine per cent of women reported that the cup was easy to insert with 88% reporting that it was comfortable. When compared to their previous menstrual protection there were no differences in the proportions experiencing leakage, menstrual symptoms or reporting an impact on physical activities. Eighty-two per cent said they were satisfied with the cup and would recommend it to their friends.

Discussion: This study supports the acceptability of the menstrual cup by Australian women. Considering the cost benefits and low environmental impact, this is an option for menstrual protection that women should be aware of.

Australia's national HPV vaccination program- 10 years on- successes, threats and promises

Rachel Skinner¹

Discipline of Child and Adolescent Health, Sydney University, Faculty of Medicine and Health, Children's Hospital Westmead, Sydney, Australia

It has been 10 years since the implementation of the national HPV vaccination program: targeting females in the first year of high school with catch up to age 26, using 3 doses of the quadrivalent vaccine Gardasil. Since, we have seen extension of the program to males (gender neutral vaccination). Most recently, there has been a change to the 9-valent vaccine Gardasil 9 in a 2-dose schedule. Support for HPV vaccination in Australia is strong with coverage in females consistently high and increasing (around 75%) compared to many other countries (coverage in males slightly lower). Safety surveillance indicates the vaccine is well tolerated, despite occasional adverse media reports. The evidence for the vaccine's effectiveness in reduction of HPV prevalence and related diseases has continued to increase. Further opportunities exist to maximise the benefits of vaccination in Australia and elsewhere; hence the potential for elimination of cervical cancer and genital warts is real. However stubborn gaps and potential threats remain. An update on program impact will be presented and the implications of opportunities and weaknesses discussed.

Adolescent and parent knowledge about males and HPV vaccination

Davies C, Cooper S, Stoney T, Marshall H, Jones J, Collins J, Hutton H, Parrella A, Zimet G, Brotherton JML, Richmond P, McCaffery K, Regan D, Garland SM, Leask J, Kaldor J, Braunack-Mayer A, Kang M, McGeechan K, and Skinner SR.

Children's Hospital Westmead, Sydney, Australia

Background

We evaluated a multi-component intervention to improve student knowledge, vaccine-related psycho-social outcomes and HPV vaccine uptake in schools. Here we present data regarding knowledge about HPV and vaccination specifically pertaining to males.

Methods

We randomly sampled 40 schools (6,967 students) from two Australian states, and randomly allocated schools to intervention (21) or control (19). Intervention schools implemented HPV education. Student knowledge about HPV was evaluated by questionnaire pre-HPV doses 1 and 3. We conducted focus groups with students and interviews with parents regarding males and HPV vaccination in 6 intervention and 6 control schools. Qualitative data were analysed using thematic and discourse analysis.

Results

The mean percent increase in knowledge questions answered correctly was higher in intervention schools than control for girls (34 (95%CI:28,39)) and boys (30 (25,34)) at pre-dose 1. There was no differential effect between the sexes at pre-dose 1 ($P=0.14$ for interaction). Similar results were observed pre-dose 3. Qualitative data demonstrated students in intervention schools understood both sexes could acquire and transmit HPV, and have HPV-related cancers and genital warts. Students in control schools were largely unclear as to why males receive the HPV vaccine. Parents in both intervention and control schools had limited understanding about males and HPV vaccination.

Conclusions

All students in intervention schools had better understanding about HPV and HPV vaccination in general, as well as in relation to males, than control schools. Parents may benefit from targeted education about males and HPV vaccination to support vaccination decision-making.

Obesity and participation in regular mammographic breast screening

Kate McBride

Translational Health Research Institute and School of Medicine, Western Sydney University

Obesity is associated with higher risk of breast cancer and worse outcomes, yet screening participation can be lower in obese women. Obesity in Australia is rising, with 28% of the population obese. Further, breast screening participation rates in Australia are suboptimal, meaning a number of these higher risk women may not be accessing screening. This project identified possible barriers to breast screening participation in obese women from Greater Western Sydney. In depth interviews ($n=24$) were conducted with both obese women and key stakeholders. There was a disconnect between stakeholder and women's perceptions. Stakeholders perceived few issues in screening obese women beyond Health and Safety issues such as maneuvering patients, though access for obese women was a concern, particularly in mobile breast screen vans. From the women's perspective, there was low knowledge around a heightened need to screen due to being at increased risk, limited desire to prioritise personal health needs and issues around body image disturbance impacting on participation in mammographic breast screening. Overall, weight was perceived as a taboo topic among both the stakeholders and women who we interviewed, indicating that a lack of discourse around this issue may put obese women at increased risk of breast cancer morbidity due to their reluctance to re-attend following an unpleasant screening experience or refusal to attend at all. Women were also at higher risk of adverse events, such as skin splitting, during screening due to their size. Lack of communication about additional images/time needed for larger breasted women was also a discourager to screening, as negative experiences influenced future screening and screening of other women in their social circle. Consideration of breast screening practice policy may be warranted so weight is openly addressed both prior and during screening to avoid adverse physical as well as emotional events for staff and patients. Targeted education on increased risk of breast cancer in obese women and support in participate in mammographic

ABSTRACTS - FRIDAY

SESSION 3 - RISKS DURING PREGNANCY AND CHILDBIRTH

Recent advances in our understanding of preeclampsia

Annemarie Hennessy

Western Sydney University, Sydney, and Campbelltown Hospital, Sydney, Australia

Preeclampsia remains the commonest cause of complication in pregnancy including maternal death and fetal loss. Recent advances in our understanding of preeclampsia have centred on the discovery of angiogenic (blood vessel growth) pathway abnormalities in the human placenta. The production of placental sFLT-1 (soluble FMS-like tyrosine kinase 1) has been identified and provides a blood-based marker of preeclampsia severity, and potentially a marker of future preeclampsia in those not yet clinically evident. Whether this will be a useful test in very early pregnancy to predict those at risk is yet to be fully determined. The effect of elevated sFLT-1 on circulating VEGF (a decrease) and its cousin placental growth factors (PLGF) (a decrease) provides further biological plausibility for a mechanism of placental hypoxia (poor oxygenation), inflammation and endothelial dysfunction as the central causative pathway in preeclampsia. This pathway has provided novel targets for treatment which are genuinely new. The presence of this "toxic" placental compound has links to the cardinal clinical features of human preeclampsia such as hypertension and proteinuria. These can therefore be the targets for new therapies, i.e. a reduction in proteinuria and a reduction in blood pressure. Ultimately prolonging the pregnancy to a safer time for the baby and mother are goals of treatment. Whether our capacity to control endothelial injury will benefit the mother in terms of long term cardiovascular health is yet to be determined. The capacity now exists to identify risk in an individual pregnancy to prevent preeclampsia so that the pregnancy outcome is improved. There is every hope that lifelong risk of cardiovascular effects will be reduced.

Perspectives on Hyperglycaemia in pregnancy

David Simmons

School of Medicine, Western Sydney University

Hyperglycaemia in pregnancy is the most common medical condition affecting pregnancy and is comprised of three conditions: known pre-existing diabetes in pregnancy, overt diabetes in pregnancy (often likely undiagnosed diabetes preceding pregnancy) and gestational diabetes mellitus (GDM). Known pre-existing diabetes in pregnancy includes those involving women with Type 1, Type 2 or rare causes of diabetes. Pregnancies among these women, and those with overt diabetes in pregnancy have a particularly high risk of fetal malformations, stillbirth and miscarriage, risks intimately related to the degree of hyperglycaemia at the time of conception and organogenesis. GDM may be diagnosed at any time during pregnancy and involves lesser degrees of hyperglycaemia. All degrees of hyperglycaemia are associated with neonatal and maternal complications including pre-eclampsia, shoulder dystocia, macrosomia, perineal and neonatal trauma and neonatal hypoglycaemia (and neonatal intensive care unit admission). In spite of the known risks from hyperglycaemia in pregnancy, and their response to good clinical management, there remain a range of perspectives among health care professionals over its importance. There are now several studies into the perspectives of the women with various degrees of hyperglycaemia in pregnancy. These range from those with pre-existing Type 1 and Type 2 diabetes and their reasons for non-attendance for pre-pregnancy care (often relating to the messages from health care professionals over risk and autonomy) to those with GDM and their experiences in busy diabetes in pregnancy clinics. This presentation will provide an overview of the perspectives and possible ways ahead.

Postnatal post-traumatic stress: An integrative review

Madeleine Simpson, Virginia Schmied, Cathy Dickson, Hannah Dahlen

School of Nursing and Midwifery, Western Sydney University

Post-traumatic stress disorder and post-traumatic stress symptoms following birth occur amongst a small proportion of women but can lead to poor maternal mental health, impairment in mother-infant bonding and relationship stress. This integrative review aims to examine the associated risk factors and women's own experiences of postnatal post-traumatic stress in order to better understand this phenomenon. Fifty three articles were included and critically reviewed using the relevant Critical Appraisal Skills Program checklists or Strengthening the Reporting of Observational studies in Epidemiology assessment tool. Risk factors for postnatal post-traumatic stress symptoms and disorder include factors arising before pregnancy, during the antenatal period, in labour and birth and in the postnatal period. Potential protective factors against postnatal post-traumatic stress have been identified in a few studies. The development of postnatal post-traumatic stress can lead to negative outcomes for women, infants and families. Risk factors for post-traumatic stress symptoms and disorder are potentially identifiable pre-pregnancy and during the antenatal, intrapartum and postnatal periods. Potential protective factors have been identified however they are presently under researched. Predictive models for postnatal post-traumatic stress disorder development have been proposed, however further investigation is required to test such models in a variety of settings. Postnatal post-traumatic stress symptoms and disorder have been shown to negatively impact the lives of childbearing women. Further investigation into methods and models for identifying women at risk of developing postnatal post-traumatic stress following childbirth is required in order to improve outcomes for this population of women.

Effect of acupuncture on live births among women undergoing in vitro fertilization: findings from a randomised clinical trial

*Caroline Smith
NICM Research Institute, Western Sydney University*

Acupuncture is often used by women undergoing in-vitro fertilisation (IVF) to improve their chances of treatment success. However, previous studies suggesting benefit have methodological limitations, including some of the randomised controlled trials (RCTs) at risk of selection bias. All trials reported on clinical pregnancy, however only five sham controlled trials have reported on the key outcome of live birth. We aimed to determine the efficacy of acupuncture on live births when performed during ovarian stimulation and at the time of an embryo transfer. The study also examined the cost effectiveness of treatment and women's experience of the intervention.

Methods: We undertook a multicentre, parallel randomised controlled trial at 16 IVF centres in Australia and New Zealand. Women aged less than 43 years, undergoing a fresh IVF or intracytoplasmic sperm injection (ICSI) cycle were eligible, and randomly assigned (1:1) prior to commencement of FSH stimulation to either acupuncture or a sham acupuncture control delivered over three sessions. Randomisation was undertaken using remote computer allocation, and was stratified by the number of previous embryo transfer cycles (2-6 and 6+), woman's age (<38, and 38-42 years), and IVF centre. Study participants, care providers, the outcome assessors and the analyst were blind to treatment allocation; acupuncturists were not masked to treatment allocation. The study code was broken on completion of analysis. The primary outcome was livebirth. Secondary outcomes were miscarriage, clinical pregnancy, anxiety, quality of life, infertility self-efficacy, and adverse events.

848 women were randomised to the trial, acupuncture (n=424) or the sham control (424) groups, with 607 women proceeding to an embryo transfer (acupuncture=301, sham control n=306). This presentation will provide the key clinical findings from the randomised controlled trial and qualitative study. The findings will be discussed in the context of the current evidence.

SESSION 4 – CONTRACEPTION AND ABORTION

The unfinished business of abortion law reform in Australia

*Julie Hamblin,
HWL Ebsworth law firm*

Abortion law in Australia has evolved in a piecemeal and uncoordinated way over many decades, with each State and Territory adopting a different regulatory approach. While most States and Territories have legislation that permits abortion to be carried out lawfully in certain circumstances, New South Wales and Queensland still have criminal offences covering abortion that date back more than a century, and recent efforts to have these offences repealed have so far been unsuccessful.

Even in the States and Territories where abortion law reform has taken place, legal obstacles to access remain. Some jurisdictions have retained the requirement that a doctor certify whether the abortion is appropriate, and many have a "two tier" system of regulation that imposes different legal requirements depending on gestational age. Others still require all abortions to be carried out in licensed medical facilities, despite the fact that medical abortion can now be provided safely and cost-effectively outside a clinic setting.

The result is complex patchwork of laws governing abortion across Australia, with enormous variation in the criteria for lawful abortion based on geography alone. A consistent and coherent approach to the legal regulation of abortion, free from the threat of criminal liability, is a necessary foundation for making abortion accessible and affordable for all Australian women.

Enhancing medical termination of pregnancy in general practice in Australia: insights from a qualitative study of GPs in NSW

*Deborah Bateson,
Family Planning New South Wales*

The 2012 Australian Government approval of mifepristone and misoprostol for medical termination of pregnancy (MTOP) allows general practitioners (GPs) to provide early gestation abortion in primary care settings. However, uptake of MTOP training and provision by GPs is lower than anticipated.

This presentation will explore the findings of a descriptive-interpretive qualitative study which investigated the provision of and referral for MTOP by GPs. Twenty-eight semi-structured interviews and one focus group were conducted with 32 GPs in NSW who were purposively selected for diversity including 8 MTOP providers and 24 non-MTOP providers.

Three main themes emerged: scope of practice; MTOP demand, clinical care and referral; and workforce needs. Many GPs considered abortion to be beyond their scope of practice and a service that is provided by specialist private clinics. Some GPs had religious or moral objections while others thought of MTOP provision as complicated and difficult. While some GPs expressed interest in MTOP provision they were concerned about stigma and the impact it may have on perceptions of their practice and the views of their colleagues. Most MTOP providers were utilising their skills but felt quite isolated. Challenges in referral to local public hospitals in the case of complications were noted.

Insights from the study will assist in the future planning and delivery of reproductive health services. Coordinated support is needed to both increase the number of MTOP GP providers and for those GPs who are currently providing MTOP. Strategies include the development of communities of practice and innovative service delivery models with formalised referral pathways to the public sector required to ensure timely care of complications or the provision of surgical options. Leadership and coordination is needed across the health sector to facilitate integrated abortion care particularly for rural and low-income women.

Sustainable Development Goals and sexual and reproductive health in the Asia Pacific.

Kirsten Black

Royal Prince Alfred Hospital; University of Sydney

In the Asia Pacific region sexual and reproductive health (SRH) and unintended pregnancy continue to be a significant public health issues and are leading causes of disability and death for women of childbearing age

Indonesia, for example, has high rates of female genital mutilation and problems with young people's access to SRH services. Women in Pacific countries have low contraceptive prevalence and face high rates of gender based violence. The Sustainable Development Goals address SRH under goal 3 (health) and under goal 5 (gender equality). The challenges to reaching these goals by 2030 will be discussed.

Women's and doctors' understandings of contraception: room for miscommunication in the consultation

Juliet Richters,¹ Alexandra Barratt,² Deborah Bateson,^{2,3} Alison Rutherford,^{3,4} Kumiyo Inoue,⁵ Marguerite Kelly⁶

¹ Kirby Institute, University of New South Wales, Sydney

² University of Sydney, Sydney

³ Family Planning NSW, Sydney

⁴ University of New South Wales

⁵ now at University of Tasmania, Hobart

⁶ now at Western Sydney University, Sydney

Background: Studies of reasons for women's discontinuation of contraceptive methods rarely record reasons from the women's point of view. Many personal or sexual reasons are reported only as 'other—nonmedical'. To address this gap we conducted a study of women's experiences and understandings of contraception.

Methods: After interviewing 15 doctors in NSW about their experience of contraceptive consultations, we went talked to 94 women in depth about their use of contraception in the context of their sexual lives. We also explored women's scientific and folk beliefs about how contraceptives work and their advantages and disadvantages.

Findings: Doctors—even well-trained ones who were aware that this was inappropriate—tended to fall back into a disease-treating mode in the consultation. Time constraints prevented exploration of the women's needs and preferences, or of alternative methods.

Our large sample of women included users and former users of a wide range of methods. Few women thought in terms of the risk–benefit trade-off that is central to contraceptive training for doctors. Although aware that some methods were less effective than others, women often accepted whatever method they had started out with (usually the pill) as long as it suited their lifestyle and did not cause problems. Some had used implants or IUDs, but others found having an object inserted in the body unacceptable. Users and ex-users had often experienced intermittent bleeding or spotting. Doctors' reassurances that this was medically harmless failed to engage with many couples' assumptions that sex was unacceptable during (even light) bleeding.

Conclusions: We need to take seriously women's views about what is 'natural', what is safe, what constitutes control over one's body, and what is desirable in sex with a partner. Doctor–client communication would be more fruitful if more information were available to women and more time for open discussion.

The Contraception Understandings and Experiences of Australian Women study was funded by an ARC Linkage Grant and ethics committee approval was given by the Human Research Ethics Committee of the University of New South Wales (HC11504) and the Family Planning NSW Ethics Committee (R2012/03).

Medical termination of pregnancy (MTOP) in the Victorian rural context

Alana Hulme

Centre for Excellence in Rural Sexual Health, University of Melbourne

With MTOP availability in rural Victoria slowly improving, it is timely to examine how this has evolved. This presentation explores rural MTOP service provision using data from three interrelated studies about the decentralisation of MTOP; the delivery of MTOP in a primary healthcare setting; and women's experiences of a MTOP service system.

The studies were undertaken in rural Victoria between 2015-2017. The first study described an effort to motivate the geographic decentralisation of MTOP through upskilling rural GPs and nurses. Qualitative interviews were undertaken with 6 training providers and 13 training participants about this process. The second study focused on women's experiences of a rural MTOP service system and involved qualitative interviews with 18 women. The third study was a retrospective clinical audit to explore the characteristics of women attending a rural MTOP service. This quantitative study involved a retrospective chart audit of 223 women who attended the service.

MToP service provision in rural Victoria has expanded through the decentralisation of services and increasing numbers of rural GPs and nurses who can provide or refer women to local MToP services. Rural services are well utilised and acceptable to women. Our clinical audit found more than 80% of women chose to terminate their pregnancy after receiving appropriate counselling, no adverse events were recorded during the study period, and almost ¾ were using hormonal contraception post presentation to the MToP clinic. Our qualitative study found that MToP was a safe and acceptable option for rural women as it countered structural inequities such as cost and distance. However, challenges remain in relation to rural MToP service delivery including stigma, a disjointed statewide MToP system, and increasing rural service demands. These factors need to be carefully considered in current and future efforts to improve rural MToP service systems.

SESSION 5 - NAVIGATING INFERTILITY

Antenatal psychosocial risk and women's use of services in the year after birth

*Virginia Schmied (WSU)
School of Nursing and Midwifery, Western Sydney University*

Poor mental health in the perinatal period can impact negatively on women, their infants and families. Australian State and Territory governments are investing in routine psychosocial assessment and depression screening with referral to services and support, however, little is known about how well these services are used.

Aim The aim of this paper is to report on the health services used by women for their physical and mental health needs from pregnancy to 12 months after birth and to compare service use for women who have been identified in pregnancy of having psychosocial risk.

Methods: A prospective longitudinal study of 106 women with five points of data collection (2-4 weeks after prenatal booking, 36 weeks gestation, 6 weeks postpartum, 6 months postpartum and 12 months postpartum) was undertaken. Data were collected via face-to-face and telephone interviews, relating to risk factors, mental health and service use. The prenatal risk status of women was determined using the Antenatal Risk Questionnaire (ANRQ) and was used to compare socio-demographic characteristics and service use of women with low and moderate to high risk of perinatal mental health problems.

Results: The findings indicate high use of universal health services (child and family health nurses, general practitioners) by both groups of women, with limited use of specialist mental health services by women within the high risk group. While almost all respondents indicated that they would seek help for mental health concerns most had a preference to seek help from partners and family before accessing health professionals.

Conclusion: These data support studies that highlight the poor uptake of specialist services for mental health problems. Further research comparing larger samples of women (with low and high risk) are required to explore the extent of any differences and the reasons why women do not access these important specialist services.

Gendered experiences of infertility distress and biographical disruption following cancer

*Jane Ussher and Janette Perz,
Translational Health Research Institute, School of Medicine, Western Sydney University*

Infertility is a major concern for people with cancer and their partners. There have been calls for further research on the gendered nature of psychosocial, emotional and identity concomitants of infertility distress post-cancer across women and men. In this study, the gendered construction and experience of infertility following cancer was examined through a survey of 693 women and 185 men, and in-depth one-to-one interviews with a subsample of survey respondents, 61 women and 17 men, purposively selected across cancer types and age groups.

Infertility distress was positively associated with psychological distress ($p < 0.01$), and negatively associated with QOL ($p < 0.01$), relationship satisfaction ($p < 0.05$), and acceptance of cancer ($P < 0.05$), for both women and men, across reproductive/non-reproductive cancers, time since diagnosis, relationship context, and age group. Women reported higher infertility distress in the impact of life domain (AIS) ($p < 0.05$), and higher relationship satisfaction ($p < 0.05$), than men. For women, unique statistical predictors of fertility distress in the 'impact on life' domain were childlessness ($p < 0.001$), cancer acceptance ($p < 0.001$) and QOL ($p < 0.001$). Childlessness ($p < 0.01$) and relationship satisfaction ($p < 0.05$) were unique predictors for men.

In qualitative analysis, infertility was identified as providing a 'Threat of Biographical Disruption' which impacted on life course and identity, for both women and men. Subthemes identified were: 'Parenthood as central to adulthood'; 'Infertility as a threat to gender identity'; 'Unknown fertility status and delayed parenthood'; 'Feelings of loss and grief'; 'Absence of understanding and support'; 'Benefit finding and renegotiation of identity'. **Conclusion:** The fear of infertility following cancer, or knowledge of compromised fertility, can have negative effects on identity and psychological wellbeing for both women and men, serving to create biographical disruption. Support from family, partners and health care professionals can facilitate renegotiation of identity and coping.

Funding: This research was funded by an Australian Research Council Linkage Grant, LP110200153 to Western Sydney University, and partnership funding provided by the Cancer Council New South Wales, the National Breast Cancer Foundation and CanTeen. We received in-kind support from Family Planning NSW, Westmead Hospital and Nepean Hospital.

Ethical approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later

amendments or comparable ethical standards. Ethics approval was obtained from the Western Sydney University human research ethics committee.

How can we improve Oncofertility Care for patients?

Antoinette Anazodo

Sydney Children's Hospital & Prince of Wales Hospital

Aims: To systematically review the literature on the components of oncofertility care as defined by patient and clinician representatives, and identify the barriers, facilitators and challenges so as to improve the implementation of oncofertility services.

Methods: A systematic scoping review was conducted on oncofertility models of care (MOC) literature published in English between 2007-2017, relating to ten domains of care identified through consumer research (communication, oncofertility decision aids, age appropriate care, referral pathways, documentation, training, supportive care during treatment, reproductive care after cancer treatment, psychosocial support and ethical practice of oncofertility care). A wide range of electronic databases were searched. **Preferred reporting items for systematic reviews and meta-analyses** and the international prospective register of systematic reviews was followed.

Results: A total of 842 potentially relevant studies were identified and screened and the final 147 papers were reviewed with data extraction. The results identified a number of themes for improving MOC in each domain, including the importance of patients receiving communication of a higher quality and in different formats on their fertility risk and FP options; improving provision of oncofertility care in a timely manner; improving access to age appropriate care; defining the role and scope of practice of all health care professionals (HCPs) and improving communication between different HCPs. Different forms of decision aid were found useful to assist patients to understand FP options and weigh up choices.

Conclusions: This analysis identifies core components for delivery of oncofertility MOC. The provision of services requires planning to ensure services have reliable referral pathways that are age appropriate and include care into survivorship. In order for this to happen, collaboration needs to occur between clinicians, allied HCPs and executives across both public and private services. Training and knowledge of both cancer and non-cancer HCPs is needed to improve the quality of care.

Priorities and unmet needs of women living with ovarian cancer after first-line treatment

Authors: Michelle Peate¹, Janelle Leong¹, Jennifer Marino¹

1. Department of Obstetrics and Gynaecology, Royal Women's Hospital, University of Melbourne, Parkville, Victoria, Australia

Background: Although there are a number of validated supportive care needs measures for cancer, recent reviews have revealed that no available instrument covers all domains of need. Women with ovarian cancer are often diagnosed at late stage and have a high risk of recurrence. As a result of this advanced disease, their needs may be different to other cancer groups. Although the Supportive Care Needs Survey (SCNS) has been used in the ovarian cancer population, it has not been validated in this advanced cancer group. Our aim was to qualitatively identify the supportive care needs of ovarian cancer survivors and to see how well these matched to the SCNS.

Methods: Survivors (≥ 3 months from the end of curative treatment) were recruited from the Ovarian Cancer Australia consumer database. Participants completed the SCNS and a semi-structured telephone interview. Interviews were transcribed *verbatim* and emergent themes were identified.

Results: Seven participants identified a total of 17 unmet need themes. The SCNS covered a good proportion of needs, particularly in the domains of "Sexual relationships" and "Patient care and support". Seven key themes were missing from the "Physical and daily living", "Psychological", and "Health system and information" domains and 12 additional areas (not captured in the SCNS) of unmet need were identified.

Conclusions: The SCNS does not currently capture all the needs identified by ovarian cancer survivors. Further research is needed, however, a new SCNS module specific to the needs of advanced ovarian cancer survivors may address these gaps and to improve clinical care.

SESSION 6 - FREE PAPERS – CONCURRENT A

‘What’s Going On Down There?’ – Developing a website to raise awareness of bacterial vaginosis among women.

Jade BILARDI^{1,2,3}, Lenka VODSTRCIL³, Christopher FAIRLEY^{2,3}, Catriona BRADSHAW^{2,3}

¹Department of General Practice, University of Melbourne, Melbourne, Australia

²Melbourne Sexual Health Centre, Alfred Health, Melbourne, Australia

³Central Clinical School, Monash University, Melbourne Australia.

Background: While most women know about thrush, few women have heard about bacterial vaginosis (BV). Past research has shown when women get BV for the first time, they commonly mistake it for thrush, treating themselves inappropriately with over-the-counter thrush medications, delaying the duration of infection and increasing the risk of associated complications. The ‘What’s Going On Down There?’ website (www.wgodt.com.au) was developed to raise women’s awareness of BV.

Methods: The website was developed in conjunction with an experienced web development company using industry standard processes including: 1) desktop audit and catalogue of existing BV website content and best practice examples and 2) semi structured interviews with women recently diagnosed with BV or thrush to explore their online health seeking behaviours and content needs, including key search terms used. Interview data was analysed thematically to define typical ‘personas’ or types of users, their motivations, goals and content needs, which drove website design, branding and search engine optimisation.

Results: Women wanted credible and trustworthy information, written by experts in a manner that was simple, easy to understand and not overly clinical or graphic. Specifically, they wanted clear information on the differences between BV and thrush, symptoms, risk factors, treatment, testing, where they could seek help, examples of other women’s experiences and current research and advancements in the area. Three personas of the typical types of users were developed to inform the design and branding of the website.

Conclusion/Lessons Learned: Improving women’s awareness about BV through the development of the ‘What’s Going On Down There?’ website could lead to earlier presentation and diagnosis of BV, minimising the risks associated with infection. A 6-12 month post launch evaluation will be undertaken to determine the useability and acceptability of the website.

Disclosure of Interest Statement

This project was funded through an unrestricted educational grant from Bayer Australia Ltd. Bayer Australia did not have any input into the design or content of the website.

Dr Jade Bilardi is in receipt of a National Health and Medical Research Council Early Career Researchers Fellowship No 1013135

Ethical compliance statement

Ethical approval for this study was granted by The Alfred Ethics Committee, Victoria, Australia, Application Number 361/17 on the 9th August 2017.

Exploring benefits and harms of a PCOS diagnosis and its impact on women’s psychosocial wellbeing, lifestyle and behaviour

Tessa Copp (PhD student)¹, Jolyn Hersch¹, Kirsten McCaffery¹, Jenny Doust², Jesse Jansen¹

¹Wiser Healthcare, University of Sydney, NSW Australia

²Wiser Healthcare, Bond University, QLD Australia

Background: Diagnostic criteria for polycystic ovary syndrome (PCOS) were expanded in 2003, resulting in the inclusion of women with milder forms and a substantial increase in the total number of women diagnosed. PCOS is associated with adverse reproductive, metabolic and cardiovascular outcomes, however not all women fitting the expanded criteria may be at risk. Women with PCOS have higher rates of distress than their peers. However, it is unclear whether this is due to the condition, its symptoms, or the psychological impact of being labelled with PCOS. We aimed to explore the benefits and harms of a PCOS label from the perspective of women diagnosed with PCOS who vary across the spectrum of disease severity, and how the diagnosis affected their psychosocial wellbeing, lifestyle choices and behaviour.

Method: Women diagnosed with PCOS aged 18-45 in Australia were recruited via Facebook. We conducted 25 semi-structured face-to-face and telephone interviews. Topics included experience with diagnosis and management, doctor-patient communication, information provision and diagnostic satisfaction, perceived benefits and harms of diagnosis, and impact of the diagnosis on psychological wellbeing, life decisions and behaviour. Interviews were audio-recorded, transcribed and analysed thematically.

Results (preliminary): Women expressed a range of experiences regarding the diagnosis and management of their condition. Benefits included validation and explanation of symptoms, increased understanding about why their body behaves in certain ways, and better access to treatment. Harms included increased worry and anxiety about the future, misperceptions about fertility resulting in unplanned pregnancies, adverse impact on self-esteem and relationships, and financial costs.

Discussion: Participants interviewed in this study described various positive and negative impacts of a diagnosis on their lives, which were influenced by factors such as symptom severity, communication at diagnosis and their relationships with their clinicians. The implications of these findings for future research and clinical practice will be discussed.

Statement on ethical compliance: This study received ethics approval from the University of Sydney Ethics Committee (Protocol number: 2017/878).

Online psychoeducational program for women with genital appearance concerns

Gemma Sharp¹, Jayashri Kulkarni¹

¹ Monash University, Melbourne

Women's concerns over conforming to the restricted notion of the "ideal" body have extended to worries about their genital appearance. This has manifested in the rise of female genital cosmetic surgery (FGCS) in Western countries, including Australia. Professional medical organisations throughout the Western world have expressed serious concerns about the increasing number of girls and women undergoing FGCS. As the American College of Obstetricians and Gynecologists stated, FGCS is not medically indicated, and long-term safety and effectiveness data are lacking. Potential complications include infection, altered sensation, painful sexual intercourse, and scarring. Previous research has also suggested that women do not always experience the improvements in psychological and sexual well-being they expect after FGCS, leading to lower satisfaction with surgical outcomes. These findings, together with the potential for surgical complications, indicate that it would be beneficial to have a non-surgical option to address genital appearance dissatisfaction. The proposed program adopts a psychological approach, which is based on successful body dissatisfaction psychological interventions and uses cognitive behavioural therapy principles. The program will be delivered as a mobile app to increase accessibility. The pilot study will commence shortly, with adult women living in Australia who are experiencing genital appearance concerns, to examine the feasibility and acceptability of the program. A randomised controlled trial will follow and if the program is found to be effective, we would aim to disseminate the program internationally.

Statement on Ethical Compliance:

The submitted abstract reports on research from human participants with approval from an Institutional Human Research Ethics Committee.

Improving Women's And Health Professionals' Satisfaction With Clinical Care For Endometriosis

Heather Rowe¹, Karin Hammarberg¹, Jane Fisher¹, Sarah Dwyer², Renea Camilleri², Janet Michelmore².

¹ School of Public Health and Preventive Medicine, Monash University, Melbourne.

² Jean Hailes Foundation, Melbourne.

Background

Endometriosis is a chronic inflammatory condition in which endometrial cells proliferate outside the uterus, causing pain and disability. There is no cure and symptom management may be ineffective. Victoria's 'Women's Sexual and Reproductive Health Key Priorities 2017-2020' (2017) is the first strategy of its kind in Australia. The aim of Priority action area 3 is to improve access to reproductive health services for women with endometriosis. Jean Hailes Foundation is leading this study as part of the implementation of this priority. The aim is to identify gaps and limitations in health care available for diagnosing and managing endometriosis, and to propose solutions.

Methods

Data were collected from women and health professionals. 1) Women were invited via targeted advertising to participate in a closed, online Facebook discussion group. Questions were posed and the discussions facilitated by the moderator. 2) Health Professionals were invited through known links and Primary Care Networks to participate in an audio-recorded, semi-structured telephone interview. All text of the online discussion groups was copied to Word files and interview recordings were transcribed verbatim. Thematic analysis was conducted using the Framework Analysis approach.

Results

Forty six women, 12 GPs and one gynaecologist participated. Women expressed dissatisfaction that their symptoms are frequently dismissed, trivialised or normalised in society and in healthcare, and anxiety about their future. Health professionals expressed a degree of powerlessness in the face of this complex and variable condition. Women and health professionals both expressed frustration about slow diagnosis and limited available management options.

Conclusions

Potential solutions intended to improve satisfaction for women and health professionals were identified: improving girls' and women's knowledge about menstruation and its problems, strengthening clinicians' skills to provide comprehensive biopsychosocial care including for adolescents, resources for GPs to improve timely referral, up-to-date local referral pathways, and evidence-based information on self-management.

Approval to conduct the study was obtained from the Monash University Human Research Ethics Committee (Project # 11133).

The role of the psychologist in the multi-disciplinary management of chronic pelvic pain

Leena St Martin

Auckland District Health Board, Auckland, New Zealand

In this paper I describe a theoretical and practical model which was developed to enhance the experiences of both patients with chronic pelvic pain conditions, such as endometriosis, and the staff caring for their needs within the hospital inpatient setting. This approach evolved in response to the challenges raised by a small subgroup of women who often presented in crisis with severe pain and psychosocial stressors and who did not seem to benefit from the standard approach used by staff at the time. The aim has been to facilitate faster access to acute gynaecological and pain services when these are required, to shorten length of stay in hospital, and to encourage better use of outpatient coping mechanisms.

References: St Martin, L (2017) The Role of a Psychologist in the Multidisciplinary Management of Chronic Pelvic Pain. *Ngau Mamae, Quarterly Publication of the New Zealand Pain Society Inc. Winter. 19-23.*

To have or have not a vagina, that is the question

P Fisher

National Women's Health, Auckland District Health Board

I work with young women who have been given a diagnosis involving vaginal absence. The majority of these young women identify strongly as females and have a strong desire to meet their own and peers ideas of what is 'proper femininity'.

With this group of young women I use a Critical Health psychological approach when tracing their desires and expectations for treatment process. Critical Health Psychology has emerged from social psychology and post-modern theory and since the 1960's has challenged psychological practises that are not a good fit for indigenous cultures, women and individuals identifying with diverse sexual and gender orientations. At the centre of Critical Health psychology are principles of social justice and specificity. For example, every woman I work with is assisted to identify what treatment or process meets her/their specific embodied gender and sexual preferences and desires. However, identifying a young woman's subjective desires may be restrained by forceful common sense gender practises and beliefs which are often contradictory to her more embodied sexual experiences and preferences. This presentation will discuss the model I have developed to work with young women who are diagnosed with variation in sexual development and vaginal absence. I will discuss the theories and subsequent techniques I utilize to trace subjective desires that guide treatment processes and increase young women's wellbeing both within and outside of sexuality and being a girlfriend.

Ethical guidelines: The Case Study I use to illustrate my work is a combination of themes obtained from research and women I have worked with and is not an individual client.

EndoNeeds: Exploring the physical, psychological and social needs of women with endometriosis

Emma Steele^{1,2}, Angela Chia², Uri Dior², Martin Healey^{1,2}, Vanessa Hughes², Jane Girling^{1,3,4}, Michelle Peate^{1,3,4}

¹Department of Obstetrics and Gynaecology, University of Melbourne, Melbourne

²The Royal Women's Hospital, Melbourne

³Department of Anatomy, University of Otago, Dunedin, New Zealand

⁴Shared senior author

Background/purpose: Endometriosis is a chronic gynaecological condition that causes pain and infertility and has a significant impact on the physical, psychological and social wellbeing of women. The EndoNeeds Project was established with the aim of developing an unmet needs survey for women with endometriosis. If unmet needs can be measured, targeted interventions can be designed to meet these needs, and ultimately improve quality of life. As this is the first unmet needs survey for a benign gynaecological condition, a process of literature review, consultation with experts and consumers and exploratory qualitative research is required to identify key needs to include in the survey.

Methods:

1. A systematic review of patient-reported outcome measures (PROMs) used in endometriosis research was conducted to identify any instruments that assessed unmet needs.
2. Focus group discussions will explore what women with laparoscopically-confirmed endometriosis need to better cope with the condition. A grounded theory analysis approach will be used to identify needs.

Results: Of the 3792 records identified, 60 papers were included in the review. While 59 generic and 12 disease-specific instruments measured the impacts of endometriosis, including pain, disability and cost, most were unvalidated and none specifically addressed unmet needs. To address this gap, we are conducting four focus groups to identify the needs of women with endometriosis. Preliminary results of focus groups will be presented.

Conclusion: Content validity of survey instruments is enhanced by the involvement of patients in their development through exploratory qualitative research. This research will identify a broad range of needs as the basis for development of a comprehensive survey of unmet needs in women with endometriosis.

The submitted abstract reports on planned research on human participants approved by The Royal Women's Hospital Human Research Ethics Committee.

SESSION 6 - FREE PAPERS – CONCURRENT B

HPV primary screening: views from screening aged women in Australia

Rachael Dodd¹, Brooke Nickel¹, Jolyn Hersch¹, Carissa Bonner¹, Sally Wortley¹, Kirsten McCaffery¹
¹Sydney School of Public Health, University of Sydney, Sydney, NSW, Australia

Background: In December 2017, the Australian National Cervical Screening Program (NCSP) reduced screening from two yearly to five yearly, implemented primary human papillomavirus (HPV) screening and increased the start age from 18 years to 25 years. This study aimed to gain insight into women's attitudes towards these changes.

Methods: Six focus groups were conducted in November 2017 in the Sydney area, with 49 women aged 18-74. Focus groups were structured around a presentation of information about the changes to the NCSP, with discussions of the information facilitated throughout. The focus groups were analysed thematically.

Findings: Only a third of women had heard something about the changes, mainly either the increased interval between tests or the increased starting age. Questions were raised about the test, with awareness of human papillomavirus (HPV) evidently limited. Explaining clearly the difference between the two tests (Pap smear vs HPV test), and that the procedure is exactly the same for both tests, was important to women. Understanding of the new test was key to alleviate concerns about the extended screening interval. Communicating the rationale of the changes to women, in a clear and coherent way, was paramount for acceptance of the new program.

Discussion: Communicating the rationale behind the implementation of a new test, the primary HPV test, needs to be clear and coherent to limit negative concerns from the public. The findings of this study contribute to an understanding of what information women seek about changes to the Australian NCSP, in particular the primary HPV test.

This study received ethical approval from The University of Sydney Human Research Ethics Committee 3 (2017/489).

Paternal Understanding of Menstrual Concerns in Young Women

Jane E Girling^{1,6}, Samuel CJ Hawthorne^{1,2}, Jennifer L Marino^{1,3}, Abdul G Nur Azurah⁴, Sonia R Grover^{2,4,5}, Yasmin L Jayasinghe^{1,2,3}

¹Gynaecology Research Centre, The University of Melbourne Department of Obstetrics and Gynaecology and Royal Women's Hospital, Melbourne, Victoria, Australia 3052

²Department of Gynaecology, Royal Children's Hospital, Parkville, VIC, Australia 3052

³Murdoch Children's Research Institute, Royal Children's Hospital, Parkville, VIC, Australia 3052

⁴Department of Obstetrics and Gynaecology, UKM Medical Centre, Kuala Lumpur, Malaysia

⁵Department of Paediatrics, University of Melbourne

⁶Current address: Department of Anatomy, University of Otago, Dunedin, New Zealand

A father's knowledge of menstrual symptoms is usually considered limited, yet there have been no studies on paternal understanding of menstruation. As not every family has a mother, a well-informed father can be essential for ongoing health of adolescent daughters. This study aimed to establish the degree of understanding of fathers of adolescent girls with menstrual symptoms relative to mothers.

We conducted a cross-sectional study in which adolescent patients attending an outpatient gynaecology clinic for dysmenorrhoea and/or heavy menstrual bleeding (HMB) and their parents were invited to complete surveys. The surveys aimed to test parents' understanding of menstrual symptoms and potential medications, as well as fathers' involvement/concerns with daughter's health care.

A total of 60 surveys were completed (24/40 daughters, 20/40 mothers, 16/40 fathers). The fathers' knowledge of menstrual symptoms was poorer than mothers, although most recognised HMB (93%) and mood swings (87%). Many parents answered 'don't know' or did not answer questions about potential consequences of medications, although parents were clearly concerned about side effects. Most fathers (80%) were open to discussing menstrual concerns with daughters; however, only 52% of daughters were open to such discussions. Of fathers, 80% felt sympathetic/concerned, 53% helpless and 13% frustrated when daughters were in pain. When asked about impacts, 93% of fathers (79% of mothers) were worried about their daughter's welfare and 60% (21%) about schooling.

In conclusion, we present the first insight into fathers' knowledge of their daughters' menstrual health. Overall, both mothers and fathers have an incomplete picture of menstrual symptoms. Even in this cohort, which could be expected to be well informed due to their daughters' attendance at a tertiary hospital, it is clear that further knowledge would assist them caring for their daughters. This highlights the need for carefully tailored education material that addresses knowledge gaps and parental concerns.

The submitted abstract reports on research approved by The Royal Children's Hospital Melbourne Human Research Ethics Committee (34294A).

The health and well-being of women affected by Female Genital Mutilation.

Marie Jones

The Royal Women's Hospital Melbourne

Women affected by Female Genital Mutilation /Cutting (FGM/C) have very specific physical, emotional, sexual and psychological health needs. The whole process of their FGM/C: what occurs beforehand, the actual cutting and what occurs after leaves these women traumatised and scarred in many ways.

There can be various lead ups to their FGM/C. They may be told they are going to grandmas for a holiday, they may be told they are about to become a woman, and there will be a celebration with a reward afterwards or they may be told nothing of what is about to happen. They may be kidnapped from their family, usually by a female family member, taken away to an unknown village/place and be circumcised.

Many women do not know they are affected by FGM/C until they are adults when they realise they are "different" from their friends and what they see in the media. Their FGM/C may have been done while they were an infant or they may have blocked out their memories of their circumcision.

In the African Women's Clinic (AWC) we see women affected by FGM/C with a variety of health concerns. Sexual health problems is one of the major health issues women present with especially women with Type 3 FGM/C. In the last two years we have noted that women are now talking more openly about their sexuality and are not only focused on being sexually active and be able to have penetrative intercourse but also to be able to enjoy their sexual experience.

In the AWC we endeavour to meet the needs of these women and refer on to other expert health professionals where required.

Counselling "Late women": the experience of stigma, identity and struggle in women seeking abortion in the eighteen to twenty four week gestation period

Patricia Hayes¹, Suzanne Hurley², Chanel Keane³

¹Melbourne Pregnancy Counsellors, www.melbournepregnancycounsellors.com.au, Melbourne, Victoria

²³ Ibid

This presentation is based on reflective and reflexive practice and practice-based research, both counselling and social work frameworks and theories, that enable practitioners to reflect and examine their own daily practice to develop professionally, as well as build evidence for fields of knowledge and practice based on daily work with clients.

Our knowledge is based on work that Melbourne Pregnancy Counsellors have done with women seeking termination of pregnancy in the gestational period of 18 to 24 weeks, largely gained from our recent experience working at Marie Stopes Maroondah clinic: one of the only private clinics in Australia that sees women for termination of pregnancy up to 24 weeks. However it is also gleaned from our work working in both private and public sectors in the field of abortion and perinatal counselling over a period of 15 years. We will seek to discuss some of the main psychosocial issues the women we counsel present with in this gestational cohort, and of the ways in which women navigate, process and struggle with the internalisation of stereotypes, stigma and sexism in public discourses of 'late termination'.

This paper is co-authored by Trish Hayes, Suzanne Hurley and Chanel Keane, and will be presented by Trish Hayes, Suzanne Hurley and Chanel Keane.

Ethical compliance statement - This is a reflective research paper based on general themes emerging from our counselling practice with women in this cohort. No individual identifying information related to clients will be presented.

"My Body, My Decision": Women's Experiences of Reproductive Coercion and their Expectations of Health Professionals

Sonia Srinivasan¹, Dr Jennifer Marino², Dr Laura Tarzia³

1. Melbourne Medical School, the University of Melbourne

2. Obstetrics and Gynaecology Department, Royal Women's Hospital, Melbourne

3. Department of General Practice, the University of Melbourne

BACKGROUND:

Reproductive coercion refers to behaviours that interfere with a woman's autonomy over her reproductive choices. Studies estimate that 8-16% of women in the community have experienced some form of reproductive coercion, such as birth control sabotage, pregnancy coercion and partner control over the outcome of a pregnancy, although there is a lack of reliable prevalence data overall and none from Australia. Reproductive coercion is associated with unintended pregnancy and intimate partner violence, which has significant implications for reproductive health and family planning. Women experiencing reproductive coercion are more likely to have made repeated visits to a healthcare provider, however there is currently no published qualitative data on what women expect from providers. Furthermore, there have been no studies on how women understand and experience reproductive coercion in Australia. This study explored women's experiences of reproductive coercion and their expectations of health professionals in order to improve interactions with health care providers and develop interventions to support affected women.

METHODS:

Ten semi-structured interviews were conducted with adult women recruited from a large metropolitan hospital with qualitative data undergoing thematic analysis.

RESULTS:

Reproductive coercion is a varied phenomenon that exists both within and outside physically violent relationships, and in both cases, women often do not recognise this experience as abuse. Women experience concurrent, conflicting emotions about reproductive coercion; they feel their control is taken away from them, but also see the issue minimised by their partner, friends and society. Similarly, women feel that this phenomenon is poorly understood by health professionals, and they expect doctors to be aware, responsive and supportive when treating affected women.

CONCLUSION:

The results of this study will be used to inform clinical practice and develop effective interventions to support women affected by reproductive coercion.

Young women and LARC: Exploring factors influencing contraceptive choice

Lily Claringbold¹, A/Prof. Lena Sancı¹, Prof. Meredith Temple-Smith¹

Department of General Practice, University of Melbourne, Carlton, Victoria, Australia

Introduction: Australia has a high rate of unintended pregnancies that could be lowered with increased uptake of Long Acting Reversible Contraception (LARC). However, Australian women, particularly young women, frequently choose less effective contraceptive methods such as the oral contraceptive pill. Influences on this choice are not yet well understood, thereby preventing women receiving the most appropriate contraceptive education and counselling. This lack of knowledge is a barrier to lowering the rate of unintended pregnancies in young Australian women.

Methods: Twenty semi-structured interviews were conducted with women aged 18-25 recruited from the University of Melbourne. Interviews focused on factors influencing women's choice of contraceptive method, why they initiated contraceptive use, as well as their general attitude towards contraception. Data was thematically analysed using both inductive and deductive approaches.

Results: Several factors influenced women's contraceptive choice. Information sources included friends, school and the internet. In addition to influences previously reported, themes of fear and control around LARC and other issues emerged. Unexpectedly, over half the participants chose to start the oral contraceptive pill for reasons other than contraception alone, and so directly requested this method when consulting with their GP.

Discussion: Two findings suggest possible contributions to low LARC uptake: that young women initiate use of the contraceptive pill for reasons other than birth-control alone, and that women often have made their decision about this before consulting a doctor. These results suggest young women require comprehensive contraceptive counselling to discuss the best and most efficacious contraceptive method for their individual circumstance, and their reasons for initiating contraception should be addressed and discussed in consultations with their doctors.

This project received ethical approval from the University of Melbourne Health Sciences Human Ethics Sub-Committee, project ID 1749418.

ABSTRACTS - SATURDAY

SESSION 7 - WOMEN AT RISK

Reproductive Coercion: Understandings and Perceptions of Health Professionals

*Laura Tarzia, Molly Wellington, Jennifer Marino, Kelsey Hegarty
The University of Melbourne, Royal Women's Hospital*

Reproductive coercion (RC) is a specific form of violence against women that interferes with reproductive decision-making. It is primarily perpetrated by male partners but can also be perpetrated by other family members. There are two main types of behaviours that encompass RC; contraceptive sabotage (such as removing a condom, damaging a condom, removing a contraceptive patch or throwing away oral contraceptives) and pregnancy coercion (such as pressure to continue an unwanted pregnancy or pressure to terminate a pregnancy that is wanted). RC has many negative health impacts on women, and studies suggest that women who have experienced RC utilise health services to a greater extent than women who have not. Despite this, little is known about how health professionals perceive and understand RC, or how they respond to it in their female patients.

This presentation reports on the findings from a qualitative study exploring how health professionals (n=17) working in a specialist women's hospital understand and define RC, and how they see their role in addressing it. Our findings highlight the complexity of RC, as well as the challenges around responding to it in practice.

The relationship between Intimate Partner Violence reported at the first antenatal booking visit and obstetric and perinatal outcomes in an ethnically diverse group of Australian pregnant women: A population based study over 10 years

*Hannah Dahlen, Ana Maria Munoz, Virginia Schmied, Charlene Thornton
School of Nursing and Midwifery, Western Sydney University*

Intimate partner violence (IPV) is a global health issue affecting mainly women and is known to escalate during pregnancy and impact negatively on obstetric and perinatal outcomes. The aim of this study is to determine the incidence of IPV in a pregnant multicultural population and to determine the relationship between intimate partner violence reported at booking interview and maternal and perinatal outcomes. This is a retrospective population based data study. We analysed routinely collected data (2006 to 2016) from the ObstetriX™ system on a cohort of 33,542 pregnant women giving birth in a major health facility in Western Sydney. We found that 4.3% of pregnant women reported a history of IPV when asked during the routine psychosocial assessment. Fifty four percent were not born in Australia and this had increased significantly over the decade. Women born in New Zealand (7.2%) and Sudan (9.1%) were most likely to report IPV at the antenatal booking visit, with women from China and India least likely to report IPV. Women who reported IPV were more likely to report additional psychosocial concerns including EPDS ≥ 13 (7.6%), thoughts of self-harm (2.4%), childhood abuse (23.6%) and a history of anxiety and depression (34.2%). Women who reported IPV were more likely to be Australian born, smoke and be multiparous and to have been admitted for threatened preterm labour (AOR 1.8, CI 1.28-2.39).

A report of IPV at the first antenatal booking visit is associated with a higher level of reporting on all psychosocial risks, higher antenatal admissions, especially for threatened preterm labour. More research is needed regarding the effectiveness of current IPV screening for women from other countries.

Working with marginalised populations

The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia

*Rosie Charter,
Translational Health Research Institute, Western Sydney University*

Transgender (trans) men are commonly born with the reproductive anatomy that allows them to become pregnant and give birth, and many wish to do so. However, little is known about Australian trans men's experiences of desiring parenthood and gestational pregnancy.

The present study aims to address this gap in the literature, through addressing the following research questions: how do Australian trans men construct and experience their desire for parenthood? And, how do Australian trans men construct and experience gestational pregnancy?

This study aimed to explore these experiences, through a mixed-methods research design using on-line survey data and one-on-one interviews, with 25 trans men, aged 25 to 46 years old, who had experienced a gestational pregnancy. Data was analysed using thematic analysis.

For our participants, parenthood was initially described as alienating and complex, however transitioning enabled participants to negotiate and construct their own parenting identity. Pregnancy was positioned as a problematic but 'functional sacrifice', however formal assisted fertility experiences were rife with exclusion. At the same time dysphoria associated with withdrawing from testosterone and the growing fecund body were significantly troubling. Changes to the chest were of particular concern for participants. Exclusion, isolation and loneliness were the predominant features of trans men's experiences of gestational pregnancies. Healthcare systems are not generally supportive of trans bodies

and identities and trans men encounter significant issues when interacting with healthcare providers. As such, the results reinforce the importance of inclusive and specialised health services to support trans men through pregnancy.

Transgender young people: gender identity and reproductive and sexual health

Kerry Robinson & Cristyn Davies

School of Social Sciences and Psychology, Western Sydney University

This presentation is based on the findings of a small qualitative pilot study with five transgender young people (3 M2F, 2 F2M), one gender diverse young person (identified as female) and their parents (6 mothers, 1 father). Separate focus groups were held with the young adolescents: three transgender girls (aged 11-12); children: two transgender boys (aged 8) and a gender diverse child (aged 7); and with their parents. Our study aims were to explore: 1) children's understandings, perceptions and negotiation of gender and gender identity; 2) children's experiences of social transition to their preferred gender including encounters with schools and health services; 3) children's decision-making processes, relationships with others, and perceptions of future lives; and 4) test and refine data collection research methods to capture the complexity of gender from children's perspectives. Our focus group with parents explored experiences of parenting a transgender or gender diverse child, and identifying the main issues they encountered around children's social and medical transitioning. This presentation focuses on: (i) issues raised by transgender girls around gender identity, menstruation, reproductive bodies, sperm-preservation, and their decision-making processes and experiences; (ii) younger children's perceptions of their reproductive futures; and (iii) parents' perceptions and experiences of their children's reproductive and sexual health, and the role they play in their child's decision-making. This pilot study highlighted the importance of sexual and reproductive health information to children and young people's decision-making about their futures.

“In our culture, we don't have that sort of choice”: Migrant and Refugee Women's Experiences and Constructions of Fertility and Fertility Control.

Alexandra Hawkey, Jane Ussher and Janette Perz,

Translational Health Research Institute, Western Sydney University

Women's access to reliable information and to a preferred method of contraception, free from coercion, discrimination, or violence, is fundamental to gender equality and makes possible women's full participation in society. However, past research has shown that migrant and refugee women often arrive in their host countries with limited knowledge and misinformation about the range of contraceptive methods available to them; they are also less likely to consult with healthcare professionals about contraception use for fertility control compared to native born populations. The present study was designed to explore constructions and experiences of sexual and reproductive health of newly arrived migrant and refugee women, including women's beliefs and practices in relation to fertility and fertility control. Seventy-eight individual interviews and 15 focus groups (n = 82) were conducted with women who had migrated from Afghanistan, Iraq, Somalia, South Sudan, Sudan, Sri Lanka, and South America, currently living in Sydney, Australia or Vancouver, Canada. Participants positioned having children as a cultural and religious mandate and as central to a woman's identity. Many women had limited knowledge about contraception, positioned contraception as forbidden or dangerous, and described negative experiences with its use. These findings are interpreted in relation to the provision of culturally safe medical practice and sexual and reproductive health education.

Mothers' experiences of wellbeing and coping while living with rheumatoid arthritis

Parton, C., Ussher, J. M. & Perz, J.

Translational Health Research Institute, Western Sydney University

Background: Rheumatoid arthritis (RA) can have a significant impact on women's ability to undertake the daily tasks associated with mothering, which can lead to distress and challenges to identity. Previous studies have tended to focus on early mothering and pregnancy outcomes. Few studies have addressed how women experience motherhood in the context of rheumatoid arthritis, including the implications for health-related quality of life, across child age.

Method: One hundred and seventeen mothers with an RA diagnosis and a child 18 years or under took part in a self-report survey examining disease activity (RADAI), disease impact (RAID), parenting disability (PDI), parenting stress (PSS), and health-related quality of life (SF-12); 20 mothers took part in individual semi-structured interviews.

Results: Lower health-related quality of life was predicted by higher disease activity, disease impact, and parenting disability across child age. Thematic analysis of interview transcripts identified the following themes: 'Burden and complexity in the mothering role', 'Losing control: Women's experiences of distress', and 'Adjusting and letting go: Women's experiences of wellbeing'.

Conclusion: Health-related quality of life is associated difficulties performing mothering activities, in addition to disease impact and activity. Women reported greater ease as a mother due to increased independence of older children in qualitative accounts. However, reports of distress were given across child age that were associated with a loss of control over mothering practices, including feelings of failure. In contrast, adjusting mothering practices and relinquishing control were associated with accounts of wellbeing. Absence of social support was reported to exacerbate, and availability of social support alleviate burden and distress. These findings have implications for the way that health professionals and services support mothers with RA, including addressing feelings of failure as a mother and encouraging access to social support.

SESSION 8 - FREE PAPERS – CONCURRENT C

The risk of prenatal antidepressant exposure by drug class on ADHD and ASD in offspring: a meta-analysis

Emily K. Hartman ¹, Guy D. Eslick ^{1,2}

¹ Sydney Medical School, University of Sydney

² The Whiteley-Martin Research Centre, Discipline of Surgery, The University of Sydney

Objective: We conducted a meta-analysis to assess the relationship between mothers who take antidepressants during pregnancy and the development of Attention-Deficit with or without Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) in their offspring. Unlike previous meta-analyses, we examined exposure by class of antidepressant.

Methods: MEDLINE, EMBASE, PubMed, Cochrane Library were searched through to December 9 2017. We identified studies that examined the association between antidepressant exposure before or during pregnancy and ADHD and ASD in offspring.

Results: 6 studies met our inclusion criteria for any antidepressant exposure during pregnancy and ADHD in offspring (cases = 61569; controls = 3615281), whilst 12 met our inclusion criteria for ASD (cases = 46298; controls = 2244427). After adjusting for maternal psychiatric diagnoses, exposure to SSRI's during pregnancy resulted in an overall increased risk of ADHD [pHR: 1.33 (95% CI 1.12-1.58)], as well as specifically during the 1st trimester [pHR: 1.58 (95% CI 1.45-1.72)]. Similarly, exposure to SSRI's during pregnancy led to an overall increase in ASD diagnoses in children [pHR: 1.41 (95% CI 1.09-1.82)]. A subgroup analysis demonstrated similar results for SSRI exposure in the 1st trimester and ASD [pHR: 1.62 (95% CI 1.35-1.93)] as well a significantly greater risk for 2nd or 3rd trimester exposure and ASD [pHR: 1.95 95% CI 1.54-2.46]. A sibling-matched analyses demonstrated no increased risk for ASD following SSRI exposure. Pre-conception SSRI exposure led to an increased risk of both ADHD [pHR: 1.53 9% CI 1.22-1.92] and ASD [pHR; 1.58 95% CI 1.40-1.79] in children. Prenatal SNRI use led to an increased risk of ASD but not ADHD. TCA's were not associated with either condition.

Conclusion: SSRI exposure both pre-conception and during pregnancy was associated with the development of ADHD and ASD. SNRI use led to an increased risk of ASD whilst TCA's had no impact on the development of ADHD or ASD. These results should be interpreted with caution as they are most likely confounded by indication.

Ethical compliance: Not applicable. Based on published data.

The nature of labour pain: An updated review of the literature

Laura Y. Whitburn (BPty)^{1,2}, Lester E. Jones (MScMed)², Mary-Ann Davey (DPH)^{3,2}, Susan McDonald (PhD)^{2,4}

¹ School of Life Sciences, La Trobe University, Bundoora, Victoria, Australia 3086

² Judith Lumley Centre, La Trobe University, Bundoora, Victoria, Australia 3086

³ Department of Obstetrics and Gynaecology, Monash University, Clayton, Victoria, Australia 3186

⁴ Mercy Hospital for Women, Mercy Health, Heidelberg Victoria, Australia 3084

Background: The pain experience associated with labour is a complex phenomenon. This presentation will describe the findings of a comprehensive literature review aimed at updating current understandings of labour pain, based on modern pain science. The review aimed to help explain why women experience labour pain so differently – why some cope well, whilst others experience great suffering. A comprehensive review of the literature has not been published since 2002, and yet an updated understanding of the nature, determinants and influences of labour pain is pertinent to providing optimal care to women through this experience.

Methods: A literature search was conducted in databases Medline, CINAHL and PsycINFO, using search terms labor/labour, childbirth, pain, experience and perception. Thirty-one papers were selected for inclusion.

Findings: Labour pain is a highly individual experience. It is a challenging, emotional and meaningful pain and is very different from other types of pain. Key determinants and influences of labour pain were identified and grouped into cognitive, social and environmental factors.

Conclusion: If a woman can sustain the belief that her pain is purposeful (i.e. her body working to birth her baby), if she interprets her pain as productive (i.e. taking her through a process to a desired goal) and the birthing environment is safe and supportive, it would be expected she would experience the pain as a non-threatening, transformative life event. Emphasising the conceptualisation of labour pain as a purposeful and productive pain may be one step to improving women's experiences of it, and reducing their need for pain interventions.

Ethical approval was not required for this research. This research has recently been accepted for publication in Women and Birth journal.

Fathers of preterm babies report higher levels of anxiety and lower quality of life scores: Findings from the Australian Fathers Study

Ingrid B Petersen¹, Julie A. Quinlivan JA^{2,3}

1. School of Medical Science, Canberra, Australian National University

2. Institute for Health Research, Fremantle, University of Notre Dame Australia

3. School of Medicine, Canberra, Australian National University

Introduction: Prematurity is the leading cause of death and disability in children. Whilst the impact on mothers has been well explored, there is less data on the impact on fathers. The aim of the present study was to explore the effect of having a preterm baby on father's levels of anxiety, depression and quality of life.

Methods: Institutional ethics committee approval was obtained. 1000 men were recruited in the antenatal period via their pregnant partner, and completed the Hospital Anxiety and Depression Scale (HADS) and Satisfaction with Life Scale (SWLS) in the third trimester, 24 hours after the birth of their baby and 6 weeks postnatal. Birth records were audited.

Results: Data was available for 1000, 934 and 950 fathers at each time point. Overall, 7.2% of fathers had a preterm baby. Fathers of preterm infants did not differ to other fathers in terms of country of birth, education, employment, smoking status and first time father status. However they were significantly older (32.10 [6.09] versus 31.01 [6.17]; $p=0.002$). There were no significant differences in HADS total, anxiety or depression subscale and SWLS scores in the antenatal period. Immediately following delivery there were also no significant differences in scores, although there was a trend for more fathers of preterm babies to meet the case criteria for anxiety on HADS-A (23.9% versus 15.0%, $p=0.051$). However, by 6 weeks postnatal, this difference was significant (26.5% versus 15.8%, $p=0.02$). Fathers of preterm babies had significantly lower SWLS scores (27.31 versus 27.88, $p=0.01$). However there were no differences in HADS total or depression subscale scores.

Conclusion: Following birth of a preterm baby, there is a window of opportunity to intervene to help fathers who may be vulnerable to developing an anxiety disorder and poorer quality of life.

'There was no one there to acknowledge that it happened to me as well... one day I saw myself as a dad, the other day I was not a dad anymore': Australian men's experiences of miscarriage

Miller E¹, Temple-Smith M¹, Bilardi J^{1,2,3},

¹ Department of General Practice, University of Melbourne, Melbourne Victoria, Australia

² Central Clinical School, Monash University, Melbourne Victoria, Australia

³ Melbourne Sexual Health Centre, Alfred Health, Melbourne Victoria, Australia

INTRODUCTION:

Miscarriage occurs in one in four pregnancies and can be a devastating event affecting both men and women. While little Australian research has explored women's experiences of miscarriage, even less has examined men's experiences and support needs.

METHODS:

Semi-structured telephone interviews were undertaken with 10 men whose partners miscarried between three months and ten years ago. Participants were recruited through Facebook and professional support networks. Interviews explored men's miscarriage experience, their social and healthcare professional support experiences and their online health seeking behaviours at the time of the miscarriage. Interviews were transcribed verbatim and analysed thematically.

RESULTS:

Men described feeling significant grief following miscarriage and felt that there was little acknowledgment of their loss or grief, both from healthcare providers and within their social networks. Men commonly believed their role was to support and advocate for their partner, felt they had to appear strong and stoic, and expressing their emotions and grief would burden their partner. Most men described struggling to find support or personal networks to share their experience with, leading to feelings of isolation. All men described feeling increased anxiety around future pregnancies following miscarriage, which made them hesitant about sharing their pregnancy news with others. Men without children questioned their identity as a father. Overall, men felt there was a lack of follow up and minimal support services available, and specific to men's needs, and that further resources were needed. In particular, men found sharing their experiences with other men or professionals, and hearing or reading other people's experiences were helpful.

DISCUSSION

Men are greatly affected by miscarriage, and often struggle to find appropriate support networks and ways to express their grief. Further information and Australian resources tailored to men's needs, are required to improve support in this area and address men's grief associated with miscarriage.

Ethics approval for this study was granted by the Department of General Practice Human Ethics Advisory Group, the University of Melbourne, No: 17449961

Early Parenting Stress and Isolation in Professional Working Mothers: The Implications of Policy on Structural and Emotional Support for Psychological Wellbeing.

Tiffany De Sousa Machado¹, Professor Anna Chur-Hansen¹, Dr Clemence Due¹
¹ School of Psychology, University of Adelaide, Adelaide

Sweden's parental support structures and policy in regard to employment equality and shared parenting are seen as 'best practice', yet postnatal depression rates are on par with those in Australia. Best practice does not appear to address the support needs of new mothers. With high rates of equality, extensive parental leave and financial remuneration, free child care and accessible social supports such as free community play centers, Sweden offers an ideal backdrop against which to ask, what is it that mothers need, which might not be being addressed?

I will outline an innovative project used to research the mechanisms and experiences of postpartum support in Sweden. The research aim was to investigate the Nordic regions' systems, procedures and approach to motherhood, career and parenting stress. Specifically, the insights outlined in this paper stem from empirical observational research conducted while I undertook extensive fieldwork in Sweden, while also expecting my second child and thus the presentation provides insights from my lived experience of Sweden's support systems.

Qualitative research methods were used. As a pregnant woman living in Sweden for three months with a six-year-old daughter, ethnographic data were collected through participant observation and interviews. Time was spent in schooling environments, at people's homes, in public spaces and in the hospital setting. Semi-structured interviews were conducted with maternal and child health care professionals, some of whom were also parents, as well as working parents both male and female to understand in more depth the experiences of postpartum support systems.

Preliminary results indicate that whilst there are individual differences in postpartum experiences, there are broader societal structural needs that must be considered. In particular, I outline the experiences of professionals and parents in Sweden and ask what this means for postpartum support for women and their families and communities, more broadly.

ETHICAL STATEMENT - Applicable to all authors:

Tiffany De Sousa Machado, Prof Anna Chur-Hansen and Dr Clemence Due

Conflict of Interest - None declared

Ethical Approval - The University of Adelaide, School of Psychology Human Research Ethics Subcommittee approved this project (H-2016/48).

Understanding the Psychodynamics of the Replacement Baby: a Case Study

James Hundertmark
Psychiatrist in Private Practice, Adelaide, South Australia

Grief and loss have been core concepts in psychiatry since Freud's landmark paper on Mourning and Melancholia in 1917. Loss of a pregnancy from all types of conception can lead on to high levels of guilt, the loss of a large part of the self and a large impact upon personal identity. The sequelae can impact upon other family members including partners, surviving children and as yet unborn siblings. In 1993 Condon defined prenatal attachment as the emotional bond between the pregnant mother and father to the unborn infant. Furthermore initial experiences of altered attachment determine future attachment relationships. The role of partners has only fairly recently gained recognition and in 2006 Condon identified a number of psychological tasks for fathers/partners. Advances in modern obstetric and fertility techniques have changed aspects of when the maternal-foetal relationship begin making these issues even more important for clinicians to understand.

The case of an infant born in the context of grief and loss will be tracked through into her adulthood to illustrate the moulding psychological dynamics she encountered. Her life was complicated by multiple losses including the death of her sister in the neonatal period and her father when she was in her childhood. She reported an intensely ambivalent relationship with her mother all through her life both before and even after her mother's death. Her relationship with her only sibling, her sister, has also been of some emotional importance. Relevant psychological theories and constructs will be reviewed. Insights from the patient's own words will be presented in working to understand the life of the replacement baby and the forces acting on across his/her lifespan. The patient has given her permission for this presentation to be given as an aide to assisting health professionals in understanding this clinical area.

SESSION 8 - FREE PAPERS – CONCURRENT D

Informing on improved fertility psychological care for cancer patients: A systematic review of fertility-related psychological distress and reproductive concerns in cancer patients and proposed psychological intervention

Shanna Logan^{1,2,3,4}, Janette Perz⁵, Jane Ussher⁵, Michelle Peate⁵ and Antoinette Anazodo^{1,3,4}

¹ School of Women and Children's Health, Faculty of Medicine, UNSW Australia, Sydney NSW.

² Fertility & Research Centre, Royal Hospital for Women, Sydney NSW

³ Kids Cancer Centre, Sydney Children's Hospital, Sydney NSW.

⁴ Nelune Comprehensive Cancer Centre, Prince of Wales Hospital, Sydney NSW

⁵ Translational Health Research Institute, School of Medicine, Western Sydney University, Sydney NSW

⁶ Psychosocial Health and Wellbeing (emPoWeR) Unit, Department of Obstetrics and Gynaecology, Royal Women's Hospital, University of Melbourne, Melbourne VIC

Infertility brought about by cancer leads to significant psychological distress and impairments to later quality of life for cancer survivors. However, research has yet to investigate the degree and nature of distress and reproductive concerns at different treatment time points; diagnosis, treatment, survivorship. A review of this literature would inform on the provision of an improved model of psychological care for cancer patients and survivors. A systematic review was conducted in January 2018. An initial search identified 701 potentially relevant studies, with full text of 174 studies further screened for eligibility, and a final 40 papers included within the review. Anxiety and depression were reported in one third of newly diagnosed patients, with anxiety and worry persisting to survivorship. Trauma related stress were reported in survivorship, with stress greatest in female patients. Devastation, loss of control and loneliness were negative emotional responses experienced throughout the cancer journey. Psychological distress was related to perceived quality of oncofertility care. Reproductive concerns were higher in younger and infertile patients. Unfulfilled desire for a child in female patients was associated with greater trauma symptoms, higher depression and poorer mental health. Pregnancy-related concerns were high, linked with depression or trauma, while menopause concerns were linked to higher depression. Cancer patients and survivors experience negative emotional responses to actual or threatened infertility that lead to prolonged psychological disturbance in survivorship. Reproductive concerns are linked to ongoing anxiety and depression. In particular, female patients of younger age, infertile status and those with a future desire for a child appear to be most at risk for long term psychological disruption. As such, these patients would greatly benefit from early and ongoing fertility-related psychological support implemented into standard practice, which may serve to mediate some of the later life impacts in cancer survivors. A telehealth intervention model is proposed.

Ethics approval was not needed or sought for the review of this data.

Reasons for Opposition to Australian Cervical Screening Program Changes as Expressed in an Online Petition

Helena M. Obermair^{1,2}; Rachael H Dodd¹; Kirsten McCaffery¹

1 - School of Public Health, University of Sydney, Sydney, Australia

2 - Liverpool Hospital, Sydney, Australia

Objectives

The Australian Cervical Cancer Screening Program, which halved the incidence and mortality of cervical cancers in Australia since 1991, changed in 2017 from two-yearly Pap smears from age 18-69 to five-yearly HPV DNA testing from ages 25-74. An opposing petition on the website "Change.org" received 70,000 signatures and 20,000 comments. This study aimed to identify reasons for opposition to the revised cervical cancer screening program, expressed in the open-ended comments.

Methods

Content analysis of a random sample of 2000 comments, reflecting 10% of 19,633 comments posted in February-March 2017 to the online petition, 'Stop May 1st Changes to Pap Smears - Save Women's Lives'.

Results

Nineteen codes were identified as reasons for opposition to the screening program changes, reflecting four themes: 1. valuing women's health and rights; 2. political statements; 3. concerns about healthcare funding cuts; and 4. opposition to specific components of the new screening program. The most prevalent codes were: placing value on women's health (33%); concerns about increasing screening intervals (17%); and opposition to the changes related to personal experiences with cervical cancer or pre-cancerous lesions (15%). Concern about the key change in technology (HPV testing instead of Pap smears) was expressed in less than 3% of comments, and some opposition to the changes from health professionals was noted.

Conclusions

Screening changes within this selected group were perceived as threatening women's health, as an anti-woman political policy created by male decision-makers and as a cost-cutting exercise. Commenters were concerned about increased screening intervals and later screening onset, but little opposition was expressed regarding the change of test from Pap smears to HPV testing. This analysis may inform public education and communication strategies for future changes to screening programs, to pre-emptively address concerns.

Undergoing multiple rounds of in vitro fertilisation (IVF): A qualitative interview study of women and couples' experiences

Darija Kvesic¹, Tessa Copp¹, Dr Devora Lieberman², Dr Deborah Bateson³, Kirsten McCaffery¹

¹ Wiser Healthcare, School of Public Health, University of Sydney.

² Genea Fertility Clinic, Sydney, Australia

³ Family Planning NSW, Sydney, Australia

Background: Infertility affects about one in six Australian couples of reproductive age. Regarding In Vitro Fertilisation (IVF) some couples drop out of treatment too soon, whilst other couples continue for multiple rounds, despite limited chances of success. The decision to stop treatment is often even harder than the decision to start treatment. Little is known about what factors contribute to individual's/couples' decision to continue treatment after multiple IVF failure and limited chance of success. This study aimed to understand the psychological processes and factors that contribute to IVF decision-making, and its impact on psychological wellbeing.

Method: Clinicians and nurses at an Australian private fertility clinic (Genea) recruited women and couples who had undergone three or more unsuccessful cycles of IVF. We conducted 20 semi-structured face-to-face and telephone interviews. Interviews were audio-recorded, transcribed and analysed thematically.

Results (preliminary): Participants expressed a range of factors important in their decision about continuing with IVF treatment. Many participants expressed they would continue as long as there were viable options to continue and there was no medical reason to stop treatment. Doctor's advice, avoidance of regret and the role of hope were also major factors in underpinning the decision to continue. The uncertainties faced during treatment contributed to a rollercoaster of emotions such as hopelessness, anxiety, anger and frustration. Participants also expressed significant impacts of IVF on various aspects of their lives, including relationship and financial strain, as well as limiting work and other life opportunities.

Discussion: Given the increasing use of IVF, it is vital to understand the factors that contribute to the decision to continue or stop IVF treatment, and the impact of that decision on psychological wellbeing. These results will inform a decision aid to assist individuals and couples facing the difficult decision to stop or continue IVF treatment.

Statement on ethical compliance: This study received ethics approval from the University of Sydney Ethics Committee Protocol number: 2017/743

Antidepressant use in pregnancy: A survey of Victorian General Practitioner's practices and perspectives

Rossouw van der Walt^{1,2} A/Prof Deepika Monga^{1,2} Alia Al Nuaimat³

¹: School of Medicine, Sydney University of Notre Dame Australia

². St John of God Hospital Ballarat

³. Federation University Australia, Ballarat

Ethics approval was obtained for this study through the Ballarat Health Services and St John of God Hospital Ballarat Human Research Ethics Committee (HREC)

Introduction: Antidepressant use is on the rise among Australian women. In the perinatal period, general practitioners (GP's) have to decide whether to continue or cease antidepressants. The purpose of this study is to determine the practices and perspectives of Victorian GP's on the use of antidepressants in pregnancy, given increasing evidence supporting their safety and continuation when required.

Methods: A cross sectional, descriptive survey was designed through an online platform and disseminated via monthly online newsletters between July-September 2016. Case vignettes compared prescription of antidepressants and psychotherapy referral before and after the diagnosis of pregnancy. There were 62 respondents in total with a 52% completion rate. Main outcome measures: (1) The rate of antidepressant prescription and psychotherapy referrals for pregnant women in the case scenarios, (2) GP perspectives on the use of antidepressants in pregnancy.

Results: After the diagnosis of pregnancy GPs decreased antidepressant prescription and increased psychotherapy referrals. GPs are concerned about the safety of antidepressants in utero and expressed particular concern for teratogenicity in the 1st trimester. Fifty percent of GP's are likely or highly likely to refer patients requiring antidepressants in pregnancy for specialist management. The majority of GPs believe there is a need for new guidelines. Rural GPs are less likely to refer for specialist management than their metropolitan counterparts.

Conclusion: GP's demonstrate a high level of caution with antidepressants in pregnancy, expressing concerns over safety and the need for guidelines. There remains a necessity for high quality evidence on the safety of antidepressants in pregnancy. An appraisal of current literature and formation of clear, practical guidelines by a representative Australian medical body is needed.

Ectopic Pregnancy and the Psychosocial Supports for Early Pregnancy Loss

Foo, Yun Megan¹

Western Sydney University, Sydney

Ectopic pregnancy is a form of early pregnancy loss, and the significance of maternal grief and need for psychosocial support has been well recognised in the literature. This case report involves a 34-year-old multiparous woman, JM, who underwent emergency surgical management of her ectopic pregnancy and wished to view the removed foetal tissue post-operatively.

JM is G4P3, with three previous normal vaginal deliveries. She has anxiety and depression, on Venlafaxine 37.5mg mane. JM's partner of five months did not want the unplanned pregnancy when it was confirmed, and she had booked to undergo a termination procedure. Two weeks before the appointment, JM experienced per vaginal frank bleeding with clots which soaked through her underwear and jeans. She continued spotting dark blood on wiping and ten days later, a pelvic ultrasound was performed demonstrating a live gestational sac between the right ovary and uterus, estimated 9+0 weeks by crown rump length of 25mm. JM underwent an emergency laparoscopic resection of right horn of uterus, right salpingectomy, and dilatation and curettage. JM's understanding from the treating team was that surgery was the only option given that the foetus was live, originally planned to be laparoscopic but converted to laparotomy due to the difficult location. Although JM had an uncomplicated recovery, she expressed distress that the treating team did not give her the opportunity to see the removed foetal tissue. JM was seen by a social worker before discharge.

The following presentation will explore the importance of psychosocial support for women following early pregnancy loss, and means by which to achieve that, including how viewing of products of conception may be a helpful adjunct.

Ethical statement: Patient consent was obtained for this case report and all individuals have been de-identified.

Family violence crisis hotline staff experiences of responding to sexual and gender minority clients and suggestions for service improvement

Ms Georgina Clarke¹, Prof Kelsey Hegarty¹, Dr Gemma McKibbin¹

1. Department of General Practice, University of Melbourne. Melbourne.

Lesbian, gay, bisexual, trans*, intersex, and queer (LGBTIQ) people experience family violence at equal or higher rates than the population of women in general. The 2015 Victorian Royal Commission into Family Violence found that more research is needed to understand FV in this marginalised population. LGBTIQ victims of FV report discrimination from FV services and want services to be more accessible and inclusive. Service providers, such as crisis hotline staff, can provide insight into current services and possible improvements. *safe steps* Family Violence Response Centre (*safe steps*) is the Victorian Statewide crisis telephone service for family violence. They are currently undergoing the Rainbow Tick accreditation process to become more inclusive of the LGBTIQ community. The aim of this study was to explore family violence crisis worker's experiences of responding to LGBTIQ clients and to investigate their suggestions for service improvement.

Fifteen participants were purposively sampled from *safe steps*' staff. Semi-structured interviews of 30 minutes were conducted either face-to-face or by telephone. Interviews were audio recorded and transcribed verbatim. NVivo was used to code the data according to Constructivist Grounded Theory.

Four major themes were drawn from the data: delivering a compassionate service but feeling undertrained; wondering how to identify LGBTIQ clients without discriminating; wanting inclusivity not heterosexism; and identifying problems requiring a specialised response.

Although limited to one service, this study provides the first Victorian data about front line staff experiences of responding to LGBTIQ victims of FV. The data will be used to inform policy development at *safe steps*.

SESSION 9 - SEXUAL AND GYNAECOLOGICAL PAIN

Vulvodynia update and treatment

Tania Day
John Hunter Hospital

Chronic vulvovaginal pain has a broad differential diagnosis, and is often multifactorial. Health care professionals often find these cases difficult and time-consuming, and some practitioners use the term 'vulvodynia' to describe any woman whose pain does not respond to a cocktail of topical antifungals, oestrogen, and corticosteroids. The 2015 ISSVD classification divides vulval pain into 2 categories: 1) pain due to a specific disorder, and 2) vulvodynia, defined as 3 or more months of 'pain without clear identifiable cause which may have potential associated factors.' However, this terminology does not provide a logical framework for assessment and management of women with vulvovaginal pain. A series of cases will illustrate a more pragmatic approach which involves first determining if the skin is normal or abnormal, and then assessing for neuropathic and musculoskeletal aetiologies of pain. A parallel assessment of psychosocial factors, especially the impact of symptoms on quality of life and treatment goals, will then guide construction of a management plan.

Clinical assessment of the impact of pelvic pain on women

Jane Chalmers
Western Sydney University

Aim: To develop a questionnaire that assesses the impact of pelvic pain on women, regardless of diagnosis, that is consumer-driven, has high utility, sound psychometric performance, easy scoring, and high reliability.

Method: Three studies were undertaken to create and test the questionnaire. All studies used female participants with pelvic pain. Participants were eligible to participate regardless of whether their pelvic pain was undiagnosed, self-diagnosed, or diagnosed by a clinician. Study 1 used a 3-round "patient-as-expert" online Delphi technique to identify the top 10 aspects of life with the self-reported greatest impact in women with pelvic pain. These 10 items formed the questionnaire. In Study 2 participants filled in the questionnaire once, and Rasch analysis was used to assess the psychometric properties of the questionnaire. In Study 3, participants completed the questionnaire once a week for three weeks to determine the reliability of the tool.

Results: Study 1: 443 women with pelvic pain (28% pelvic floor muscle dysfunction 27%, dysmenorrhea 21%, vulvodynia 15%) participated. The resultant 10 item questionnaire consisted of eight Likert questions and two supplemental, non-scored questions. Study 2: 1203 women with pelvic pain (endometriosis 83%, vulvodynia 3%, pelvic floor muscle dysfunction 1%, dysmenorrhea 1%) completed the questionnaire. Rasch analysis showed that the questionnaire targeted the pelvic pain population well, had appropriate Likert categories, constituted a unidimensional scale, and showed internal consistency. Study 3: 27 women with pelvic pain (46% endometriosis, 27% pelvic floor muscle dysfunction, 27% dysmenorrhea, 23% vulvodynia) participated. Test-retest reliability was high (ICC 0.91, $p < 0.001$).

Conclusion: The PPIQ is suitable for use across a broad range of pelvic pain populations. The tool has sufficient utility and meaning to guide subjective examination and treatment of women with pelvic pain. The tool may provide particular insight into areas of women's lives that require further exploration, and may help clinicians to prioritise different management strategies.

Vulvovaginal skin disease

Gayle Fischer
University of Sydney

All vulval skin diseases can present with an element of pain however there are those that are usually primarily itchy with pain secondary to excoriation and fissuring and those where pain is the primary presenting complaint. Common dermatoses such as psoriasis, eczema and lichen sclerosus are primarily itchy. Chronic vulvovaginal candidiasis presents with complex symptoms that include itch, soreness and vaginal pain.

The dermatoses that are primarily painful include those that blister and erode, particularly lichen planus and genital herpes, fixed drug eruption and immunobullous diseases. Desquamative inflammatory vulvovaginitis is a unique and usually painful dermatosis of the vestibule and vagina which is characteristically painful. Painful ulcerative conditions include aphthosis, vulval Crohn's disease and Hidradenitis Suppurativa. Finally, any malignancy may ulcerate and become painful.

The use of non-pharmacological self-care in Australian women with endometriosis

Mike Armour¹, Justin Sinclair¹, Jane Chalmers², Caroline Smith¹
¹ NICM Health Research Institute, Western Sydney University, Sydney, Australia
² School of Science and Health, Western Sydney University, Sydney, Australia

Chronic pelvic pain (CPP) is pain in the pelvis of greater than 6 months duration that is severe enough to cause functional disability or require medical intervention. Endometriosis is the most common cause of CPP. Current non-

surgical treatments for endometriosis such as non-steroidal anti-inflammatories, oral contraceptive pills and hormonal treatments have limited effectiveness and the side effect profile is bothersome, with discontinuation rates between 25–50%. Because of this, it is likely that women will use self-care to manage either some of their symptoms and/or some of the side effects from their prescribed medication themselves. The aim of this survey was to determine the prevalence of use, cost, safety and self-rated effectiveness of common forms of self-care in Australian women with endometriosis. An online survey was developed and collected demographics, self-care usage in the previous six months, reasons for non-usage, type, frequency and cost of self-care used, adverse events, self-rated effectiveness and any reduction in medication usage. All measures were self-reported and required recall over the past 12 months. The survey was active from October 2017 to December 2017. 484 women completed the survey. The average age of women in the sample was 31 years old, with most women (78%) living in urban areas. Women's self-reported effectiveness (based on a 0-10 score, with 0 being ineffective and 10 being extremely effective) for each self-care intervention showed that cannabis (7.6 +/-1.97) and heat (6.52 +/-1.74) were the highest rated. Physical interventions such as yoga/pilates, stretching and exercise were rated as being less effective. Women using cannabis showed the greatest reduction in medication usage, with 56.3% of users having a 50% or greater reduction. Adverse events were low for all interventions except alcohol and exercise. Cannabis may be a potentially effective management strategy for endometriosis related pelvic pain and warrants further research.

Ethics: This study had ethical approval from the Western Sydney University Human research ethics committee (H12394).

A pilot study to identify microbial and immune biomarkers for improved diagnosis of pelvic inflammatory disease

*Dr Wilhelmina Huston¹, Clinical Associate Professor Deborah Bateson^{2,1}, Ms Jane Estoesta², **Dr Sally Sweeney²**, Ms Kirsteen Fleming², Ms Jodie Duggan², Dr Mary Stewart², Mr Rami Mazraani¹ and Dr Catherine Burke¹*

1. University of Technology, Sydney 2. Family Planning NSW, Ashfield, Sydney

Pelvic inflammatory disease (PID) may be associated with significant morbidity and long-term sequelae including infertility, ectopic pregnancy and chronic pain. PID diagnosis is challenging, as it remains a clinical diagnosis based on the woman's history and clinical examination findings. PID is a polymicrobial condition with aetiology often involving sexually transmitted pathogens which are identified in approximately only 30% of cases. Where a causative organism is identified, organisms commonly include *Chlamydia trachomatis*, *Mycoplasma genitalium*, and *Neisseria gonorrhoea*.

Factors associated with the development of PID in some women but not others are unknown.

This case-control study aims to determine the pathogenic, cervical and vaginal microbiome, and host immune factors associated with a diagnosis of PID which could potentially inform development of diagnostic tools for PID.

Thirty women with PID and 30 asymptomatic controls will be prospectively recruited for the study. Consenting women will complete a written questionnaire about their sexual and reproductive history, three cervical and one high vaginal clinician-collected swabs will be taken in addition to any diagnostic tests performed as part of standard care during the consultation.

The de-identified swabs from the PID cases and controls will be analysed for microbiota, pathogens and immune expression and correlated with the participant questionnaire information to identify factors that are significantly associated with PID.

Preliminary data shows a microbial community dominated by *Lactobacillus iners* (community state type III) and a microbial community with anaerobes and no dominant *Lactobacillus* (CST type IV) were present in all PID cases.

Six PID cases recruited so far had positive *Ureaplasma* PCR, two had *Mycoplasma genitalium*, one had confirmed gonorrhoea on presentation. Two also had recent instrumentation and the remaining five reported new or multiple recent partners.

Preliminary data indicates no significant difference in age, or other basic epidemiological data between the cases and controls recruited.

This study has ethics approval of Family Planning NSW Ethics Committee and University of Technology Sydney Human Research Ethics Committee.

SPEAKER BIO'S

Armour, Mike (WSU)

Dr Mike Armour is a post-doctoral fellow at NICM Health Research Institute in the 'Healthy Women' research stream. His research focuses on pelvic pain and endometriosis; especially on non-pharmacological methods to reduce its social and economic impact, including improving health literacy, exercise, diet and lifestyle interventions.

Bateson, Deborah (FPNSW)

Deborah is Medical Director of Family Planning NSW and has worked in the area of reproductive and sexual health for over 18 years. In 2013 she was the Global Medical Director for Marie Stopes International and is the current Australasian board member for the Federation of International Abortion Providers.

Black, Kirsten (USyd)

A/Prof Kirsten Black is an academic gynaecologist at the Royal Prince Alfred Hospital and Joint Head of the Discipline of Obstetrics, Gynaecology, and Neonatology at the University of Sydney. She works clinically in the fields of general gynaecology and contraception. Her research focuses on sexual and reproductive health in Low and middle income countries and she is committed to regional clinical and research capacity building.

Chalmers, Jane (WSU)

Jane Chalmers is currently a Lecturer in Physiotherapy at Western Sydney University, and has just completed her PhD through the University of South Australia. Her PhD investigated the pathophysiology, assessment, and treatment of women with pelvic pain, with a focus on vulvodynia.

Charter, Rosie (WSU)

Rosie Charter is a PhD candidate studying at the Translational Health Research Institute, Western Sydney University. Her PhD research is examining the experiences of parenthood amongst transgender Australians. She has an interest in the areas of parenthood, identity, and marginalisation.

Dahlen, Hannah (WSU)

Hannah Dahlen is the Professor of Midwifery and Higher Degree Research Director in the School of Nursing and Midwifery at Western Sydney University. She has been a midwife for 28 years and still practices. Hannah has had over 150 publications. She has spoken at over 100 national and international conferences in the past 5 years and given invited keynote addresses at most of these.

Davies, Cristyn (Westmead)

Cristyn Davies is a Research Associate in the Discipline of Child and Adolescent Health, Sydney Medical School, University of Sydney. She is completing her PhD based on data from a NHMRC funded study: Randomised controlled evaluation of a complex intervention to promote uptake of school-based HPV vaccination.

Day, Tania (John Hunter)

Tania is an Obstetrician and Gynaecologist at John Hunter Hospital in Newcastle, Australia, where she is the RANZCOG Integrated Training Program Coordinator. She runs a weekly clinic for vulvovaginal diseases and is engaged in research on the clinicopathologic diagnosis of vulvar dermatoses.

Dodd, Rachael

Rachael is interested in communication around HPV and cancer, cancer screening, overdiagnosis and overtreatment and the psychological impact of cancer. Her current research focuses on public communication of reductions to cancer screening programs, specifically in the case of cervical screening, and the experiences and implications of this for both women and health professionals.

Fischer, Gayle (USyd)

Gayle Fischer is an associate professor in Dermatology at Sydney Medical School Northern, a campus of the University of Sydney Medical School. She is a clinician at The Royal North Shore Hospital in Sydney, a teaching hospital of the university of Sydney and runs a vulval disease and paediatric service at the hospital in addition to a private practice specialising in paediatric and vulval dermatology.

Hamblin, Julie (HWL Ebsworth Lawyers)

Julie Hamblin specialises in health law, clinical risk, medical research, privacy and regulatory issues in health care. She has more than 25 years' experience acting as a legal advisor to the health sector. She advises doctors, hospitals and other health care providers on regulatory compliance, medical negligence, disciplinary complaints and risk management. She also works as an international development consultant on health and human rights, particularly in relation to HIV and AIDS. Julie has been named in *Best Lawyers™ Australia* for Health & Aged Care Law, Insurance Law, Medical Negligence and Product Liability Litigation.

Hawke, Catherine (USyd)

A/Prof Catherine Hawke is a public health physician, and Deputy Head of School at the University of Sydney's, School of Rural Health. She is based in Orange, NSW and is the founding chair of the Western NSW Health Research Network (WHRN) - the peak body for health research in the area.

Hawkey, Alex (WSU)

Alex Hawkey is a Research Officer at the Translational Health Research Institute, Western Sydney University. She has recently submitted her PhD which explored migrant and refugee women's sexual and reproductive health. She has an interest in qualitative research in women's sexual and reproductive health, particularly menstruation, sexuality and fertility

Hennessy, Annemarie (WSU)

Professor Hennessy has been investigating the causes of high blood pressure in pregnancy over the last 25 years. Her research has addressed the issue of the cause of this common pregnancy complication, and how this links to the long term effect of pregnancy on a woman's lifelong cardiovascular risk. The latest advances in pregnancy risk assessment as well as long term women health assessment will be discussed

Hulme-Chambers, Alana (UMelb)

Alana Hulme-Chambers currently works at the Centre for Excellence in Rural Sexual Health, The University of Melbourne. Alana undertakes research in the rural context around a range of issues related to sexual health and service delivery. She is interested in program evaluation and collaboration in rural health service delivery.

Kang, Melissa (UTS)

Melissa Kang is Associate Professor in Public Health at The University of Technology Sydney, Clinical Associate Professor in the Department of General Practice at the University of Sydney Westmead, and a clinician in western Sydney's youth health services. Her research focuses on access to health care, and young people's sexuality and sexual health.

Marino, Jennifer (The Royal Women's)

Dr Jennifer Marino is a Research Fellow in the Department of Obstetrics and Gynaecology at the Royal Women's Hospital and University of Melbourne, and an Honorary Fellow at the Murdoch Children's Research Institute. She is an epidemiologist who conducts both clinic- and population-based research in women's health. Her clinical work focuses mainly on cancer survivorship, and her population-based research on risk-taking behaviour in young people, with particular emphasis on sexuality and reproductive health in both spheres.

McBride, Kate (WSU)

Dr Kate McBride is a Lecturer in Population Health at Western Sydney University within the School of Medicine. Kate is an epidemiologist and uses mixed methods to focus on improved health through the prevention and reduction of chronic disease. Kate's current research is in the control of cancer through optimal cancer screening in marginalised populations, healthcare access among obese individual's and women's health.

Peate, Michelle (UMelb)

Michelle is the Program Leader for the Psychosocial Health and Wellbeing Research Unit based at the Department of O&G, University of Melbourne and a NBCF Early Career Fellow. Combining the fields of psychology, cancer and reproductive health, her focus is to develop and implement patient resources.

Perz, Janette (WSU)

Janette Perz is the Professor of Health Psychology and Director of the Translational Health Research Institute, Western Sydney University. She researches in the field of reproductive and sexual health with a particular focus on gendered experiences, subjectivity and identity.

Richters, Juliet (UNSW)

Professor Juliet Richters has worked for over 30 years in sexual health research and education. Her work includes national and local surveys of sexual behaviour and attitudes, in-depth interview studies about sex and contraception, and theoretical work on the sociology of sexual practice

Robinson, Kerry (WSU)

Kerry Robinson is a professor in sociology in the School of Social Sciences and Psychology, director of Sexualities and Genders Research (SaGR), and a member of the Translational Health Research Institute (THRI) at Western Sydney University. Her research interests include: gender and sexuality identity issues; gender diverse and transgender children; and sexuality education.

Schmeid, Virginia (WSU)

Virginia Schmeid is Professor of Midwifery and Director of Research in the School of Nursing and Midwifery, Western Sydney University and she holds a Visiting Professorship at University of Central Lancashire (UK). Her research focuses on transition to motherhood, perinatal mental health, postnatal care, breastfeeding and infant feeding decisions, with a strong focus on the organisation of healthcare, workplace culture and the facilitators and barriers to the delivery of high quality maternity and child health care. Most recently, Virginia and her colleagues have been studying experiences of women and men from diverse cultural backgrounds living in western Sydney.

Simmons, David (WSU)

David is the Professor of Medicine at Western Sydney University, Head of the Campbelltown Hospital Endocrinology Department and Director of the Diabetes, Obesity, Metabolism Translational Research Unit. Between 2007-2014, he was the lead diabetes consultant at Cambridge University Hospitals NHS Foundation Trust, UK, before this Professor of Medicine at the University of Auckland and 1998-2002 was the Foundation Chair in Rural Health at the University of Melbourne. He is a past president of the Australasian Diabetes in Pregnancy Society (ADIPS).

Simpson, Maddy (WSU)

Maddy Simpson is a PhD candidate at Western Sydney University. Her main research area is understanding the experiences of women who have experienced traumatic births and the development of post-traumatic stress disorder after childbirth. Maddy is a registered midwife and nurse, currently working in the Blue Mountains in a nursing and midwifery unit management role.

Skinner, Rachel (USyd; Westmead)

Rachel Skinner is a Professor in Child and Adolescent Health in the Faculty of Medicine and Health, Sydney University; Adolescent Physician at the Children's Hospital Westmead and Senior Clinical Advisor, Youth Health and Wellbeing, at the NSW Ministry of Health. Rachel has spent much of the last 20 years working as a clinician and researcher in adolescent sexual and reproductive health, spanning medical, public health, psychosocial and ethical aspects of SRH in young people, in Australia and globally. A major focus area of her research over this time has been the effectiveness of HPV vaccines and school vaccination programs.

Smith, Caroline (WSU)

Professor Caroline Smith is based at NICM, Western Sydney University, and leads the Healthy Women research theme. She is an experienced acupuncturist, clinical researcher with extensive experience in evidence based research including the design, conduct of large multi-centre randomised controlled trials and systematic reviews.

Stewart, Mary (FPNSW)

Dr Mary Stewart works at Family Planning NSW as a clinic doctor and also in the research and education teams. Mary coordinates the National Certificate in Reproductive and Sexual Health and was one of the writers and medical editors of "Reproductive and Sexual Health Australian Clinical Practice Handbook" Mary qualified from the University of Sydney before working in the UK in Sexual Health, then Singapore in Public Health before returning to Australia and completing a Masters in Public Health from the University of NSW. Mary's special interests are Contraception, STIs, Unintended pregnancy, Cervical screening and Legal issues in Reproductive and Sexual Health.

Sweeney, Sally (FPNSW)

Dr Sally Sweeney is a GP with expertise in sexual and reproductive health. Sally is the State Medical Coordinator at Family Planning NSW, where she is involved in Policy development, teaching, research and clinical governance activities in addition to delivery of clinical services. Sally sits on the Clinical Advisory Council for Family Planning NSW.

Temple-Smith, Meredith (UMelb)

Professor Meredith Temple-Smith is from the Department of General Practice at the University of Melbourne. She is a mixed methods researcher with a special interest in sexual and reproductive health, hepatitis C and health services research and she is committed to ensuring her research results can be used in real world settings.

Ussher, Jane (WSU)

Jane Ussher is Professor of Women's Health Psychology in The Translational Health Research Institute at Western Sydney University. She is author of over 200 papers and chapters, 11 books, and editor of the Routledge Women and Psychology book series. She is also currently President of ASPOG. Her research is focused on premenstrual syndrome, CALD women's sexual and reproductive health, infertility and cancer, and LGBTI cancer experiences.

Wellington, Molly (UMelb)

Molly is from the Department of General Practice at the University of Melbourne. After studying a Bachelor of Science she completed her honours degree in 2017 on how health professionals in a Victorian hospital respond to reproductive coercion. She is currently continuing her work in this area in a Masters by research.

ASPOG 2018 DELEGATE LIST – AS PER PRIVACY ACT 1988

Last Name	First Name	Organization	State
Abrahams	Annabel	Bardon Rainworth Medical Centre	QLD
Anagnostopoulou	Clea	Family Planning Nsw	NSW
Armour	Mike	Western Sydney University	NSW
Bateson	Deborah	Family Planning Nsw	NSW
Bilardi	Jade	Monash University	VIC
Black	Kirsten	University Of Sydney	NSW
Brake	Elloise	University Of Technology Sydney	NSW
Bromley	Angela	Charles Darwin University	NT
Chalmers	Jane	Western Sydney University	NSW
Charter	Rosie	Translational Health Research Institute	NSW
Claringbold	Lily	The University Of Melbourne	VIC
Clarke	Georgina	University Of Melbourne	VIC
Condon	John	Flinders University	SA
Copp	Tessa	University Of Sydney	NSW
Dahlen	Hannah	Western Sydney University	NSW
De Sousa Machado	Tiffany	The University Of Adelaide	SA
Dodd	Rachael	University Of Sydney	NSW
Fischer	Gayle	The University Of Sydney	NSW
Fisher	Jane	Monash University	VIC
Fisher	Prudence	Auckland District Health Board	NZ
Foo	Yun Megan	Western Sydney University	NSW
Haines	Fiona	Healthy Women Medical	QLD
Hartman	Emily	University Of Sydney	NSW
Hawke	Catherine	University Of Sydney, School Of Rural Health	NSW
Hawkey	Alex	Western Sydney University	NSW
Hayes	Trish	Melbourne Pregnancy Counsellors	VIC
Henderson	Jeanette	RWH	VIC
Hennessy	Annemarie	Western Sydney University	NSW
Hulme-Chambers	Alana	The University Of Melbourne, Centre For Excellence In Rural Sexual Health	VIC
Hundertmark	James	Hewitt House	SA
Jones	Marie	The Royal Womens' Hospital Melbourne	VIC
Lambert	Jo	Auckland District Health Board	Auckland, NZ
Logan	Shanna	Unsw Sydney	NSW
Long	Marita	Sorell Family Practice	TAS
Lumsden	Mary	Tasmanian Early Pregnancy Support Service	TAS
Marino	Jennifer	Department of Obstetrics and Gynaecology, Royal Women's Hospital and University of Melbourne	VIC
Mcbride	Kate	Western Sydney University	NSW
Miller	Ellena	University Of Melbourne	VIC
Moore	Paddy	Royal Women's Hospital	VIC
Morrow	Andrea	Royal Women's Hospital	VIC
Moten	Amy	SHINE SA	SA
Mulders	Kathleen	Alice Springs Hospital	NT
Obermair	Helena	Liverpool Hospital	NSW
Olsson	Ann	Flinders Medical Centre	SA
Parton	Chloe	Western Sydney University	NSW
Peate	Michelle	University Of Melbourne	VIC
Perz	Janette	University of Western Sydney	NSW

Last Name	First Name	Organization	State
Petersen	Ingrid	Australian National University	ACT
Quinlivan	Julie	Australian National University/University of Notre Dame Australia	ACT
Richters	Juliet	Kirby Institute, Unsw	NSW
Robinson	Kerry	Western Sydney University	NSW
Rowe	Heather	Monash University	VIC
Schmied	Virginia	WSU	NSW
Sharp	Gemma	Monash University	VIC
Silva	Jo-Ann	Guardian Medical, Point Cook	VIC
Smith	Caroline	NICM, Western Sydney University	NSW
Sousa	Mariana	Western Sydney University	NSW
Srinivasan	Sonia	University Of Melbourne	VIC
St George	Lourdes	Auburn Hospital	NSW
St Martin	Leena	Auckland District Health Board	Auckland, NZ
Stacy	Jackie	Obstetrician And Gynaecologist	NSW
Steele	Emma	The University Of Melbourne	VIC
Stewart	Mary	Family Planning Nsw	NSW
Sweeney	Sally	Family Planning NSW	NSW
Temple-Smith	Meredith	University Of Melbourne	VIC
Thomas	Jenny		SA
Tran	Andriana	University Of Adelaide	SA
Ussher	Jane	Western Sydney University	NSW
van der Walt	Rossouw	Wagga Wagga Rural Referral Hospital	NSW
Vanselow	Wendy	Royal Women's Hospital	VIC
Vignarajan	Shivany	Western Sydney University	NSW
Waters	Jacinta	Vision Australia	VIC
Wellington	Molly	The University Of Melbourne	VIC
Whitburn	Laura	La Trobe University	VIC

